

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000000804 (1)

1. Corporation Name

MOUNTAIN VIEW VENTURES, INC.

Principal Place of Business

515 N. FLAGLER DR., #1450  
WEST PALM BEACH FL 33401

Mailing Address

515 N. FLAGLER DR., #1450  
WEST PALM BEACH FL 33401

FILED  
Jan 26 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/13/1997

4. FEI Number

56-1835266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

KIDSTON, ALLAN L  
515 N. FLAGLER DR., #1450  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DC  
NAME PARSONS, DONALD H  
STREET ADDRESS 515 N. FLAGLER DR., #1450  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE PSD  
NAME KIDSTON, ALLAN L  
STREET ADDRESS 515 N. FLAGLER DR., #1450  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VS  
NAME ARENAS, JOHN P  
STREET ADDRESS RIVER RD., PO BOX 290  
CITY-ST-ZIP PAWLEY'S ISLAND SC 29585

TITLE VS  
NAME WILSON, TOM  
STREET ADDRESS PO BOX 480 - NA  
CITY-ST-ZIP CASHIERS NC 28717

TITLE S  
NAME DUMONT, CLARE  
STREET ADDRESS RIVER RD., PO BOX 290  
CITY-ST-ZIP PAWLEY'S ISLAND SC 29585

TITLE V  
NAME Jeffery W. Van Treese  
STREET ADDRESS 515 N. Flagler Dr., #1450  
CITY-ST-ZIP West Palm Beach FL 33401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE S  
1.2 NAME Donna Tucker  
1.3 STREET ADDRESS Highway 107 South  
1.4 CITY-ST-ZIP Cashiers NC 28717

2.1 TITLE S  
2.2 NAME Mary Lou Nowka  
2.3 STREET ADDRESS 515 N. Flagler Dr., #1450  
2.4 CITY-ST-ZIP West Palm Beach FL 33401

3.1 TITLE V  
3.2 NAME Art Ryan  
3.3 STREET ADDRESS 515 N. Flagler Dr., #1450  
3.4 CITY-ST-ZIP W Palm Beach FL 33401

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1-14-98

(561)833-1622

CR2E034 (10/97)