


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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>56-1835266</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KIDSTON, ALLAN L 515 N. FLAGLER DR., #1450 WEST PALM BEACH FL 33401				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
<b>FL</b>					

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, DONALD H	1.2 NAME	S Donna Tucker
STREET ADDRESS	515 N. FLAGLER DR., #1450	1.3 STREET ADDRESS	Highway 107 South
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	Cashiers NC 28717
TITLE	PSD <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDSTON, ALLAN L	2.2 NAME	Mary Lou Nowka
STREET ADDRESS	515 N. FLAGLER DR., #1450	2.3 STREET ADDRESS	515 N. Flagler Dr., #1450
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENAS, JOHN P	3.2 NAME	Art Ryan
STREET ADDRESS	RIVER RD., PO BOX 290	3.3 STREET ADDRESS	515 N. Flagler Dr., #1450
CITY-ST-ZIP	PAWLEY'S ISLAND SC 29585	3.4 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WILSON, TOM	4.2 NAME	
STREET ADDRESS	PO BOX 480 - NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASHIERS NC 28717	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DUMONT, CLARE	5.2 NAME	
STREET ADDRESS	RIVER RD., PO BOX 290	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAWLEY'S ISLAND SC 29585	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Jeffery W. Van Treese	6.2 NAME	
STREET ADDRESS	515 N. Flagler Dr., #1450	6.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL 33401	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: *[Signature]* 1-14-98 (561)833-1622

CR2E034 (10/97)