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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000000804

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 the current year intangible Personal Property Tax. Yes No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE S
 NAME TUCKER
 STREET ADDRESS HIGHWAY 107 S
 CITY-ST-ZIP CASHIERS NC 28717

3.1 TITLE Change Addition
 3.2 NAME TUCKER, DONNA
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME WILSON, TOM
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME V, S RYAN, ARTHUR
 6.3 STREET ADDRESS 515 N. FLAGLER DR., #1450
 6.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

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, with all other like empowered.

SIGNATURE: *Allan L. Kidston, its President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/98
 Date

561-833-1422
 Daytime Phone #

CR2E034 (1/198)