


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT, CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G40160 (5)		
1. Corporation Name WEST VIEW RIDGE RESORTS, INC.		

Principal Place of Business 3737 US 27 NORTH HAINES CITY FL 33844-8841	Mailing Address 8011 HAMILTON AVE. CINCINNATI OH 45231 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 11301 Deerfield Rd.
22 City & State	27 CINCINNATI, OH.
23 Zip	28 45242
24 Country	29 USA

9. Name and Address of Current Registered Agent	
KLEKAMP, WAYNE H 3737 US HIGHWAY 27 NORTH HAINES CITY FL 33844	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	KLEKAMP, VIRGINIA C	1.2 NAME	
STREET ADDRESS	11200 RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON, OH630	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	KLEKAMP, WAYNE H	2.2 NAME	
STREET ADDRESS	11200 RIVER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON OH	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	KLEKAMP, KENNETH	3.2 NAME	
STREET ADDRESS	8011 HAMILTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Ken Klekamp* 8/29/97 513489240

FILED
97 AUG -4 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 05/19/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2315891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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CR2E034 (4/97)



West View
RIDGE RESORT

11367 Deerfield Road
Cincinnati, Ohio 45242
(513) 489-3363
Fax: (513) 489-3380

July 29, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

In re: Profit Corporation
Annual Report

To Whom It May Concern;

We never recieved the first notice of the Annual Corporation Report. When I called Carol with your Department, she informed me to send the report with the check in the amount of \$165.00 to this address.

Sincerely yours,

Karen A. Ramundo
Karen Ramundo
Bookkeeper