FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H24778

(3)

DOCUMENT #
1. Corporation Name

MOUSE MOUNTAIN, INC.

Principal Place of Business	Mailing Address	
7500 HWY. 532 DAVENPORT FL 33837	7500 HWY. 532 Davenport Fl. 33837	

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DAVENPORT	FL 33837	DAVENPORT FL 3383	37						
						3. Date Incorporated or Qualified 10/09/1984	3a. Date	of Last P 2/21/1	leport 1 995
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 59-2452383			Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta	x under s	199.032,
24	25	29	30]			Florida Statutes Yes 10. Name and Address of New F	No No	Agent	
	9. Name and Address of Current	Registered Agent		B1		10. Name and Address of New F	registereo /	tgent	
				BI	Name				
	, LAWRENCE J.			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	ORANGE AVE.			83					
ORLANI	OO FL 32802			63					
				84	City		FL	85 Z	Zip Code
	the provisions of Sections 607.0502 d agent, or both, in the State of Florid , and accept the obligations of, Section	a. Silich charde was authoriz	en by me i	corp	named corpor oration's boa	ration submits this statement for the pured of directors. I hereby accept the app	rpose of cha pointment as	inging its registere	registered office id agent. I am
SIGNATURE	ignature, typed or printed name of registered agent			i Acen	nt signature require	ed when reinstating:	DATE		
12.	OFFICERS AND		13.	•		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
TITLE	DP	☐ DELETE	1.11	TITLE				Change	Addition
NAME	MILLER, ARTHUR F.		12 N	IAME					
STREET ADDRESS	7500 HWY. 532		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	DAVENPORT FL		1.4 0	ITY-S	ST-ZIP				
TITLE	D	☐ DELETE	2 1	TITLE			[Change	Addition
NAME	MILLER, SUZANNE H.		221	IAME					
STREET ADDRESS	7500 HWY. 532		235	TREET	ADDRESS				
CITY-ST-ZIP	DAVENPORT FL		240	HTY-S	ST-ZIP				
TITLE	D	☐ DELETE	3 1	TITLE			l	Change	e 🗀 Addition
NAME	MILLER, LAWRENCE E.		3.2 N	IAME					
STREE1 ADDRESS	449 VILLAGE VIEW LANE		3.3	STREE	T ADDRESS	•			
CITY-ST-ZIP	LONGWOOD FL				ST-ZIP			Chann	e 🗍 Addition
TITLE	D	☐ DELETE	4.1	TITLE	ļ		ļ	Change	3 Magnitori
NAME	MILLER, PHYLLIS ANN			NAME					
STREET ADDRESS	449 VILLAGE VIEW LANE				T ADDRESS				
CITY-ST-ZIP	LONGWOOD FL				ST-ZIP			Change	e
TITLE		☐ DELETE		TITLE	1				, Hadillon
NAME		•		NAME					
STREET ADDRESS			I -	-	T ADDRESS		-		
CITY-ST-ZIP					ST-ZIP			☐ Chang	e Maddition
TITLE		☐ DELETE		TITLE				chang	о Пуназнин
NAME				NAME					
STREET ADDRESS					T ADDRESS				
0.TV-\$1-7/P	Λ		6.4	CITY-	ST-ZIP				

14. I do hereby certify that the information supplied will this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this angula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the constation or hydreceive 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 the need or to be a supplemental analysis.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/24/96 (941) 42

CR2E034 (12/95)