

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

H24778
MOUSE MOUNTAIN, INC.

Principal Place of Business

Mailing Address

449 VILLAGE VIEW LN.
LONGWOOD, FL 32779

449 Village View Ln.
Longwood, FL 32779

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

22 City & State

27 Suite, Apt. #, etc.

28

23 Zip

City & State

29

24 Country

Zip

30

Country

9. Name and Address of Current Registered Agent

Phalin, Lawrence J.
255 S. Orange Ave.
Orlando, FL 32806

3. Date Incorporated or Qualified 10/09/1984	3a. Date of Last Report 4/24/96
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4. FEI Number 59-2452393	Applied For Not Applicable
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5. Certificate of Status Desired □	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution □	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No
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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

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE NAME STREET ADDRESS CITY, ST, ZIP	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE NAME STREET ADDRESS CITY, ST, ZIP	8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE NAME STREET ADDRESS CITY, ST, ZIP	9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE NAME STREET ADDRESS CITY, ST, ZIP	10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP	11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE NAME STREET ADDRESS CITY, ST, ZIP	12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE NAME STREET ADDRESS CITY, ST, ZIP	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE NAME STREET ADDRESS CITY, ST, ZIP	14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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 14 if changed or in an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE E. MILLER, PRES.

4/11/97 (407) 869-1588

Date

Daytime Phone #

900002145899
-04/17/97--01019--046
***165.00