

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076066 (7)

1. Corporation Name

MOUNTAIN ROAD ASSOCIATES, INC.



Principal Place of Business

1335 BEAR ISLAND DRIVE
WEST PALM BEACH FL 33409
US

Mailing Address

1335 BEAR ISLAND DRIVE
WEST PALM BEACH FL 33409-2042
US

3. Date Incorporated or Qualified
10/14/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1663 BRANDY WINE RD

Suite, Apt. #, etc.
22 # 5216

23 City & State
WEST PALM BCH. FL

24 Zip 33409 25 Country USA

2a. Mailing Address

26 931 VILLAGE BLVD.

Suite, Apt. #, etc.
27 SUITE 905-460

28 City & State
WEST PALM BCH. FL

29 Zip 33409 30 Country USA

4. FEI Number
65-0540411

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANLON, JAMES W
2572 SE MORNINGSID BLVD.
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
HANLON, JAMES W

82 Street Address (P.O. Box Number is Not Acceptable)
1663 BRANDY WINE RD #5216

83

84 City
WEST PALM BEACH FL 85 Zip Code
33409

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] PRESIDENT

DATE 5/30/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HANLON, JAMES W
STREET ADDRESS 2572 SE MORNINGSID BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/P
1.2 NAME HANLON, JAMES W
1.3 STREET ADDRESS 1663 BRANDY WINE RD #5216
1.4 CITY-ST-ZIP WEST PALM BCH. FL 33409

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 *[Signature]* PRESIDENT

[Signature] SECRETARY

CR2E034 (9/96)