

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.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000074086 (6)

1. Corporation Name
KEEP YOUR EYE ON THE MOUNTAIN, INC.



Principal Place of Business
15 TURNER STREET #1
CLEARWATER FL 34616

Mailing Address
15 TURNER STREET #1
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1995		3a. Date of Last Report 04/09/1996	
21		26		4. FEI Number 59-3334608		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		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			

9. Name and Address of Current Registered Agent

KRAMER, MYRA J
15 TURNER STREET #1
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name Registered Corporate Agents
82 Street Address (Post Box Number is Not Acceptable)
612 S. Greenwood Ave.
83
84 City Clearwater FL 85 Zip Code 33756

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 *Reggie D. Johnson, President* 9/10/97
Signature of registered agent or authorized officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	KRAMER, MYRA J	1.1 TITLE		1.2 NAME	
STREET ADDRESS			15 TURNER STREET #1	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP			CLEARWATER FL 34616	2.1 TITLE		2.2 NAME	
TITLE	S	NAME	KRAMER, KENNETH L	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS			15 TURNER STREET #1	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP			CLEARWATER FL 34616	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				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 *James M. ...* 9/15/97 813-44736

CR2E034 (4/97)