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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

BOCA RATON FL 33431

2505 NW BOCA RATON BLVD

V68723

(8)

DOCUMENT # MOUNTAIN FINANCIAL GROUP, INC.

Mailing Address

2505 NW BOCA RATON BL BOCA RATON FL 33431-6607

FILED Feb 27 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

				10/05/1992	02/01/1880	02/01/1996	
	ace of Business	2a. Mailing Address	~ 1. 111	4. FEI Number	 	pplied For	
2350	N. Federal Huny	26 2250 N.	Federal Huy	65-0369829		ot Applicable	
Suite, Apt. #	#, etc	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	M 1 7	Additional equired	
City & State	A	City & State	1 51	6. Election Campaign Financi	ng \$5.00	May Be	
Boca	Raton, Fl	28 Boca Ka	YOU, IT	Trust Fund Contribution		to Fees	
	Country	7021/2/	Country	8. This corporation has liabilit		s. 199.032,	
. YSC	Name and Address of Current	29 33431	30 USA	Florida Statutes. 10. Name and Address of Ne	Yes X No		
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			84 Ci 30c	a Patrici	FI 85 \$ 19	Code	
1. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the above-named corp	poration submits this statement for	the purpose of changing	its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was	s authorized by the corporal	tion's board of directors. I hereby	accept the appointment as	s registered	
•	mamma with a to accept the onliga	110113 01, 00001011 007,0303, 1	ionua oraiules.				
ignature ;	Signature: Typed or printed name of registered agen	and title it applicable (NO	OTF: Registered Agent signature requir	red when reinstating)	DATE		
2.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 12	
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I have a supplied with 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:

2/22/97 561-393-8800