

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000003755  
1. Corporation Name  
*MIRACLE OF LOVE INC*

Principal Place of Business Mailing Address  
*4530 EVERS PL. " "*  
*ORLANDO, FL 32811*

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
*JUNE 30, 1997*

4. FEI Number Applied For  
*59-3455949* 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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
*[REDACTED]*  
*4530 EVERS PL.*  
*ORLANDO, FL 32811*  
*Lowell Started*

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE *7-24-98*

12. OFFICERS AND DIRECTORS

TITLE	<i>President PD</i>	<input type="checkbox"/> DELETE
NAME	<i>Lowell D. Stafford</i>	
STREET ADDRESS	<i>4530 EVERS PL.</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>	
TITLE	<i>Vice President D</i>	<input type="checkbox"/> DELETE
NAME	<i>MARVIN A. JACKSON</i>	
STREET ADDRESS	<i>5504 BIRD TIRE DR.</i>	
CITY-ST-ZIP	<i>ORLANDO FL 32810</i>	
TITLE	<i>Secy</i>	<input type="checkbox"/> DELETE
NAME	<i>ANGELA HURMES</i>	
STREET ADDRESS	<i>205 TWISTING TRL</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32828</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> DELETE
NAME	<i>RODNEY HENDERSON</i>	
STREET ADDRESS	<i>8406 WHITE ROAD</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32805</i>	
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>ANGY WILSON</i>	
STREET ADDRESS	<i>4530 EVERS PL.</i>	
CITY-ST-ZIP	<i>ORLANDO FL 32811</i>	
TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>DUNYCE HOBMAN</i>	
STREET ADDRESS	<i>4530 EVERS PL.</i>	
CITY-ST-ZIP	<i>ORLANDO, FL 32811</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*300002618019*  
*-08/17/98--01123--050*  
*\*\*\*75.00*  
*PE 8.14*

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *7-22-98* DAYTIME PHONE #: *407-426-8855*

CR2E037 (10/97)