FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

19	96

DOCUN 1. Corporation WODTK			8	(7)										
Principal Place of MIRACLE PLA P O BOX 8 VERO BEACH	aza shoppi	•	N.	Mailing Address MIRACLE PLAZA SHOP P O BOX 8 VERO BEACH FL 32961		CENTER	3	·,·						
veno benon	. , c 02001			TELLO DELLOTTE GEOGRA					3. Date incorporated or Qualified 08/28/1958		te of Lat 04/24/			
2. Principal Pla	ice of Busin	ess	28 26	i, Mailing Address					4. FEI Number 59-0844333		F		pplied For ot Applicable	1
Suite, Apt. #	, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			.75	Additional equired	
City & State			27	City & State					6. Election Campaign Financing		\$5	5.00	May Be	1
23 Zip		Country	28	Zip	L	Country	y		Trust Fund Contribution 8. This corporation has liability for in				to Fees 199.032,	+
24	9. Name	25 and Address of Curren	29 t Regi	stered Agent	30	- _T			Florida Statutes Yes 10. Name and Address of New Re		d Agent			\dashv
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	e, jr Wili T ST S W					82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable	e)				1
	EACH, FL					83	1							\dashv
32962						84	City	,			85	Z _i n	Code	$\frac{1}{2}$
										F	<u> </u>			
or registere familiar witi	ed agent, or h, and acce	both, in the State of Floric pt the obligations of, Secti	da. Sud on 607	ch change was authorize 7.0505, Florida Statutes.	ed by t	he corp	ooratio	n's board	tion submits this statement for the pur of directors. I hereby accept the appo	intment a	as registi	ered a	agent. I am	
12.	Signature typed	or printed name of registered agent OFFICERS AND				tered Age	en! signa	ture required v	when reinstating! ADDITIONS/CHANGES TO OFFI	DATE CERS AN	ID DIREC	CTOF	RS IN 12	_ ફુ
TITLE	DS			☐ DELETE		. 1 TITLE					Char		Addition	CR2F034 (12/95)
NAME		, CATHERINE W				.2 NAME								2
STREET ADDRESS		1TH LANE Beach, Fl 00000				.3 STREE		SS						Į,
CITY-ST-ZIP TITLE	DT	DESTON, 12 VOUC		DELETE		.4 CITY-					☐ Char	ıge	☐ Addition	- შ
NAME		KE, JOSEPH W			2	2 NAME								
STHEET ADDRESS		Carissa drive Beach, Fl 00000			- 1	3 STREE		SS						
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NAME		KE, JR WILLIAM C			(3.2 NAME								
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NAME						2 NAME								
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CITY-ST-ZIP TITLE				DELETE		4 CITY -					☐ Char	nge	☐ Addition	+
NAME				- Section		2 NAME						•-		
STREET ADDRESS						3 STREF		ESS						
CITY-ST-ZIP						6 4 CITY-	\$1-2IP							
certify that oath; that !	the informa I am an offic	ition indicated on this annu	ual repo pration	ort or supplemental annu or the receiver or trustee	ual rep e empo	ort is tr	rue an	d accurate	r the exemption stated in Section 119. e and that my signature shall have the report as required by Chapter 607, Flo	same leg	al effect	as if	made under	