

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

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G43046 (3)**  
 1. Corporation Name  
**MIRACLE STRIP STRUCTURES, INC.**



Principal Place of Business <b>307 CARMEL DR FT. WALTON BCH FL 32547 US</b>	Mailing Address <b>PO BOX 123 MARY ESTHER FL 32569-0123</b>
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3. Date Incorporated or Qualified <b>06/10/1983</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-2291912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**GOELLER, RICHARD W.  
1793 AUTUMN LN  
FT. WALTON BCH FL 32547**

10. Name and Address of New Registered Agent

81. Name <b>GOELLER, RICHARD W.</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>307 CARMEL DR</b>
83. City <b>FT WALTON BCH FL</b>
84. Zip Code <b>32547</b>

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: *Richard W Goeller* DATE: **14 Apr 97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>GOELLER, CYNTHIA J.</b>	
STREET ADDRESS	<b>1793 AUTUMN LN</b>	
CITY-ST-ZIP	<b>FT. WALTON BCH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>GOELLER, RICHARD W.</b>	
STREET ADDRESS	<b>1793 AUTUMN LN</b>	
CITY-ST-ZIP	<b>FT. WALTON BCH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>GOELLER, WILLIAM E.</b>	
STREET ADDRESS	<b>11569 PINE ACRES ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>CYNTHIA J. GOELLER</b>		
1.3 STREET ADDRESS	<b>307 CARMEL DR.</b>		
1.4 CITY-ST-ZIP	<b>FT WALTON BCH FL</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>RICHARD W. GOELLER</b>		
2.3 STREET ADDRESS	<b>307 CARMEL DR</b>		
2.4 CITY-ST-ZIP	<b>FT WALTON BCH FL</b>		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>WILLIAM E. GOELLER</b>		
3.3 STREET ADDRESS	<b>1793 AUTUMN LN.</b>		
3.4 CITY-ST-ZIP	<b>FT WALTON BCH FL</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(c), 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, changed or on an attachment with an address.

SIGNATURE: *Richard W Goeller* DATE: **14 Apr 97** **SPS-9520**

CR2E034 (9/96)