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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G46191

(4)

Mailing Address

MIRACLE STRIP MASONRY, INC.

FILED
May 02 1997 8:00am
Secretary of State

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| 91 WEST AUDREY DRIVE FORT WALTON BEACH FL 32548 | | 31 WEST AUDREY DRIVE FORT WALTON BEACH FL 32548-4580 | | | | | | | |
|--|--|---|--------------------|------------|----------------------------------|--|-----------------|-------------|---------------------------------------|
| | | | | | | Date Incorporated or Qualified 06/24/1983 | 3a. Date o | 1996 | · |
| | | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For |
| 21 Culto Anti- | # ala | 26 | | | | 59-2344747 | | | Applicable |
| Sulte, Apt. #, etc. | | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | |
| Zip 24 | Country 25 | 7ip 29 | Gour 30 | ntry | | | Yes 🔲 N | lo | . 199.032, |
| | 9. Name and Address of Curr | ent Registered Agent | | | | 10. Name and Address of New Reg | gistered Age | nt | |
| | WN, JAMES E | | | 81 | Name | | | | |
| | VEST AUDREY DRIVE | | <u> </u> | 82 | Street Add | fress (P.O. Box Number is Not Acceptab | le) | | |
| FOR | T WALTON BEACH FL 32548 | | - | 83 | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | 63 | | | | | |
| | | | 1 | 84 | City | | FL ⁸ | 5 Zip | Code |
| 44 Purcusal i | In the provisions of Soctions COZ O | 502 and 607 1508 Florida Stat | utos the ah | 10/10 | named cor | poration submits this statement for the o | | L angino i | s registered |
| office or re | egistered agent, or both, in the Sta | de of Horida, Such change was | s authorized | d by | the corpora | poration submits this statement for the p ation's board of directors. Thereby accep | t the appoint | ment as | registered |
| | m lamiliar with, and accept the ob- | igations of, acction 607,0000, i | HOHUA MAN | นเธอ | | | | | |
| SIGNATURE | Signature, lyped or printed name of registered | agent and tele if applicable (N | Off Registered | I Ager | signature requ | ired whou renstating) | DATE | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND DI | RECTOF | RS IN 12 |
| TITLE | PD | ☐ DELETE | 11 1 II | 1ŧ | | | | Change | Addition |
| NAME | BROWN, JAMES E | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | 31 WEST AUDREY DRIVE | A M 4 A | 1.3 ST | REET A | DORESS | | | | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 3 | | 1.4.00 | | - ZIP | | | | |
| TITLE | VD | ☐ DELETE | 2 1 111 | | | | | Change | Addition |
| NAME | BROWN, ELLIS R | | , 22 NA | | | | | | |
| STREET ADDRESS | 31 WEST AUDREY DRIVE FORT WALTON BEACH FL 3 | 00540 | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | SD SD | DELETE | 2. 4 Ct 3.1 111 | | [-7(P | | ·· | Change | Addition |
| | BROWN, MATTIE L | | 3.2 NA | | | | | Onlings | ☐ Modilion |
| NAME STREET ADDRESS | 31 WEST AUDREY DRIVE | | 1 | | DORESS | | | | |
| • | FORT WALTON BEACH FL | 32548 | 3.3 31 3.4. Cl | | | | | | |
| CITY-ST-ZIP TITLE | - Att transline of the | DHEIE | 4111 | : | | THE RESERVE OF THE PROPERTY OF | | Change | Addition |
| NAME | | | 4. 2 N/ | AME | - | | | - | |
| STREET ADDRESS | | | 4.3 ST | gee i 7 | DORESS | | | | |
| CITY-ST-ZIP | | | 4.4 C() | Y - \$1 | - Z(I ² | | | | |
| TITLE | | DITETE | 5:111 | 1.E | | | | Change | Addition |
| NAME | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | 53 ST | REF1 A | DDRESS | | | | |
| CITY-ST-ZIP | | | 54 011 | | - ZIP | | | | ·- |
| TITLE | | ☐ DELETE | 6118 | | | | | Change | Addition |
| NAME | | | 6 2 NA | : | | | | | |
| STREET ADDRESS | | | | | DDRESS | | | | |
| CITY-ST-ZIP | | | 6401 | IY-SI | - 7(P | ed in Costine 110 07(0)(i) Florida Ctatular | | | |

4. I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 tegal effect as if made under eath, 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 Statules; and that my name appears in Block 12 or Bigok 13 if changed, or on an attachment with an address.

IONATURE PARS EN ROUM JONES FIRS ROUM H-03-92 243 940