SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K05421 (8)

1. Corporation Name

MIRACLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4890 N. STATE RD7 TAMARAC FL 33319	4890 N. STATE RD7 TAMARAC FL 33319

3. Date Incorporated or Qualified: 12/07/1987
3a. Date of Last Report: 08/02/1995
4. FEI Number: 65-0016740 ☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

MARMOR, SETH A.
SUITE 300
370 W. CAMINO GARDENS
BOCA RATON FL 33432

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	PARTISKY, GLADYS C.	
STREET ADDRESS	4890 ~~4890~~ N. STATE RD. 7	
CITY-ST-ZIP	~~LAUDERDALE LAKES FL~~ Tamarac Fla 33319	
TITLE	PTD	☐ DELETE
NAME	ZMICH, JOHN R.	
STREET ADDRESS	4890 ~~4890~~ N. STATE RD. 7	
CITY-ST-ZIP	~~LAUDERDALE LAKES FL~~ Tamarac Fla.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice Pres + Secretary	☐ Change ☐ Addition
1.2 NAME	Gladys C Partisky	
1.3 STREET ADDRESS	4890 No State Rd 7	
1.4 CITY-ST-ZIP	Tamarac, Fla. 33319	
2.1 TITLE	President + Treasurer	☐ Change ☐ Addition
2.2 NAME	John Zmich	
2.3 STREET ADDRESS	4890 N. State Rd 7	
2.4 CITY-ST-ZIP	Tamarac, Fla, 33319	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: GLADYS C PARTISKY Gladys Partisky 7/10/96 954 485-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080110 CP