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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

Davtime Phone # 0430204

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000058140 (3)

SIGNATURE:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRADECKS, INC.							
Principal Piace of Business	Mailing Address			n neutlingen sem tering nettet marte matte	18311 APIBI BIII	EL MANAT TIMIT BIN	1 9011 1901
262 FIELDEND ROAD SARASOTA FL 34240 SARASOTA FL 3		3					
<b>,</b>				3. Date Incorporated or Qualifie 08/16/1993		Date of Last ( /24/1996	Report
2. Principal Place of Business	2a. Mailing Address		<del></del>	4. FEI Number	·	A	oplied For
21	26			65-0472528			lot Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional leguired
City & State	City & State			6. Election Campaign Financing	 I	\$5.00	May Be
23	28			Trust Fund Contribution			to Fees
Zip Country	Zip	Country		8. This corporation has liability f			s. 199.032,
25	29	30		Florida Statutes	Yes		
	of Current Registered Agent	81	Name	10. Name and Address of New	Hegistere	Agent	
MORAN, MICHAEL ESQ. 1800 SECOND STREET							
STE. 850		82	Street Add	ress (P.O. Box Number is Not Accep	table)		
SARASOTA FL 34238		83					
0.44.00		-					<u> </u>
		84	City		F	L   85   Zip	Code
SIGNATURE						***************************************	
SIGNATURE Signature, typed or printed name of n	registered agent and title If applicable (NC CERS AND DIRECTORS	TE: Registered Ager		red when reinstating)  ADDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
SIGNATURE Significate. Typied or printed name of no	registered agent and title if applicable (NC	TE Registered Ager . 13.		ired when reinstating)	DATE		
SIGNATURE Significate, hyperd or printed name of a DEFIGURE PDT SWIMM, DOUG	registered agent and title If applicable (NC CERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	il Bignature requi	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE: Signature, typed or printed name of it.  12. OFF IC.  THLE PDT SWIMM, DOUG STREET ANDRESS 4059 PALAU DR.	registered agent and title If applicable (NC CERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	il signature requi	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE: Signature, hyperd or printed name of recommendation of the state of the	registered agent and title If applicable (NC CERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	il signature requi	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. OFFICE THE PDT SWIMM, DOUG STREED ANDRESS CITY-ST-7IP THE VPDS  SARASOTA FL  VPDS	regulored agent and trie if applicable (NC CERS AND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET / 1.4 CITY-ST	il signature requi	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. OFFICE THEF NAME STREED ANDRESS CITY-SI-7IP THEE NAME NAME STREED ANDRESS ARASOTA FL THEE NAME STREED ANDRESS THEE STREED ANDRESS THE STR	regulored agent and trie if applicable (NC CERS AND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE	nt signature requi	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
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SIGNATURE  Tognisore, hyped or pented name of n  12. OFF IS  TITLE  NAME  SWIMM, DOUG  STREED ANDRESS  CITY-ST-7IP  TITLE  VPDS  HOFFMAN, DREW  STREET ADDRESS  CITY-ST-7IP  SARASOTA FL  TITLE  WO  STREET ADDRESS  CITY-ST-7IP  AND  SARASOTA FL  WILLIAM  MD	regulored agent and trie if applicable (NC CERS AND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE 22 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE	ADDRESS	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
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