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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000074497 (7)

MIRACLE MANAGEMENT, INC.

FILED Jan 31 1997 8:00am Secretary of State



			·		· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address								#1817 V 1818 11)1);
	ress creek road Jale Fl 33308	2765 W CYPRESS CREEK FT LAUDERDALE FL 3330							
						3. Date Incorporated or Qualified 10/21/1993		te of Last 04/1996	
Principal Place of Business 2a. Mailing Address					****************	4. FEI Number	1		Applied For
21		26				65-0445794		i	Not Applicable
Suite Apt 22	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Country 25	Zip 29	30	intry		8. This corporation has liability for In Florida Statutes		tax under No	s. 199.032,
	9. Name and Address of C					10. Name and Address of New Reg			
FA	rbstein, david r			B1	Name				
	65 W CYPRESS CREEK ROA	D		82	Street Addre	ess (P.O. Box Number is Not Acceptable	a)		
FT	LAUDERDALE FL 33309			83		300 (110 apr. 130 library 110		·····	
						······································		· · · · · · · · · · · · · · · · · · ·	
				84	City		FL	85 Zij	p Code
11. Pursuan	t to the provisions of Sections 607	7.0502 and 607.1508, Florida Statut	es, the a	bove	-named corpr	oration submits this statement for the pu	urpose of	changing	its registered
office or	registered agent, or both, in the tam familiar with and accent the c	State of Florida. Such change was a philipations of Section 607 0505. Fil	authorize orida Sta	d by	the corporation	on's board of directors. I hereby accep	t the app	ointment a	as registered
•		obligations of, bootion 607.0000, Th	orida Ota	10103	,				
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (NOI	E: Registere	d Ager	ni signature require	ed when reinstating)	DATE		
12.	OFFICER:	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 10	TLE				Change	e 🔲 Addition
NAME	LEVIN, PAULA L		1.2 N	AME					
STREET ADDRESS			1.3 S	rreet .	ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE FL 3330		1.4 C	ITY-SI	T-ZIP				
TITLE		☐ DELETE	2.1 Ti	TLE				Change	e Addition
NAM!			2.2 N	AME					
STREET ADDRESS	5 		2.3 \$	TREET :	ADDRESS	. 3			
CITY - ST - ZIP			2.4(ITY-S	ST-ZIP	***	,		
TITLE		☐ DELETE	3.1 TI	TLE				Change	e 🔲 Addition
NAME			32 N	AME	-				
STREET ADDRESS			335	TAEET	ADDRESS				
CITY-ST-7iP			3.4.0	ITY - S	ST-ZIP		 	- 	
TITLE		☐ DELETE	4.1 T	TLE				L Change	e 🔲 Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET .	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ITY - \$1	T-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	5.1 T	TLE				Change	e Addition
NAME			5.2 N	AME					
STREET ADDRESS	;		5.3 S	TREET	ADDRESS				
CITY - S1 - ZIP				ITY-S	F-ZIP			- 	
TITLE		DELETE	6.1 T	TLE	ļ			☐ Change	e 🔲 Addition
NAME			6.2 N	AME					
STREET ADDRESS	5		6.3 S	TREET	ADDRESS				
City-St-7IP	l		6.4 C	ITY-SI	T-21P				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information indicated on this ennual 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 if changed, or on an attachment with an address.

JANVARY 27, 1997