


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041586 (4)
 1. Corporation Name
MIRACLE MOTORS, INC.



Principal Place of Business 1841 THOMASVILLE ROAD TALLAHASSEE FL 32303	Mailing Address 1841 THOMASVILLE ROAD TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 216 EAST OAKLAND AVE.		2a. Mailing Address 26 216 EAST OAKLAND AVE		3. Date Incorporated or Qualified 05/15/1996	
Suite, Apt. #, etc. 22 SUITE # 2		Suite, Apt. #, etc. 27 SUITE # 2		4. FEI Number 59-3379809	
City & State 23 TALLAHASSEE, FL		City & State 28 TALLAHASSEE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32301		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32301		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HISS, PHILIP H 527 EAST VAN BUREN STREET TALLAHASSEE FL 32301-4470				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 **PHILIP H. HISS** *[Signature]* **4-15-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCELVY, EVA R		1.2 NAME	
STREET ADDRESS 527 E. VAN BUREN ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301		1.4 CITY-ST-ZIP	
TITLE HIC, PHILIP H	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIC, PHILIP H		2.2 NAME	
STREET ADDRESS 527 E. VAN BUREN STREET		2.3 STREET ADDRESS TREASURER HISS, PHILIP H. 527 E. VAN BUREN ST TALLAHASSEE, FL 32301	
CITY-ST-ZIP TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS 500002511665 -05/05/98--01119--020 ***150.00	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* **PHILIP H. HISS 4/15/98** **850-322-3287**

CR2E034 (10/97)