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Apr 02 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 # P97000027083 (9)
 1. Corporation Name
MIRACLE MORTGAGE CORPORATION



Principal Place of Business 3570 CONSUMER STREET RIVIERA BEACH FL 33404	Mailing Address 3570 CONSUMER STREET RIVIERA BEACH FL 33404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 760 U.S. ONE	2a. Mailing Address	3. Date Incorporated or Qualified 03/21/1997
21 Suite, Apt. #, etc. 306	26 Suite, Apt. #, etc.	4. FEI Number 65-0737577
22 City & State NORTH PALM BEACH, FL	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 33408	24 Country U.S.A	29 Country
25	28	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
COVERT, STEPHEN
760 U.S. HIGHWAY ONE
SUITE 303
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
 81 Name **COVERT, STEPHEN**
 82 Street Address (P.O. Box Number is Not Acceptable)
760 U.S. ONE
 83 **SUITE 306**
 84 City **NORTH PALM BEACH** FL 85 Zip Code **33408**

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, to 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 *Stephen Covert* **STEPHEN COVERT** **3-30-98**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COVERT, STEPHEN	
STREET ADDRESS	146 HAMPTON PLACE	
CITY-ST-ZIP	JUPITER FL 33458	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D, P, S, T
1.3 STREET ADDRESS	STEPHEN COVERT
1.4 CITY-ST-ZIP	760 U.S. ONE, #306
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	N. PALM BEACH, FL 33408

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: *Stephen Covert, Pres.* **STEPHEN COVERT** **3-30-98 (56) 775-0217**
(Signature typed or printed name of signing officer or director) Date (Including Phone #) 0310082

CR2E034 (10/97)