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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000068126 (6)

MIRACLE ON LYMAN INC.

Principal Place of Business

Mailing Address

RYO W I YUAN AVENUE

630 W. LYMAN AVENUE

## **FILED** May 01 1998 8:00am Secretary of State



WINTER PARK FL 32789		WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						08/04/1997			
2. Principal F	Place of Business	2a. Mailing Ad	2a. Mailing Address			4 FEI Number		Applied For	
21		26	26			59-3489232		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27	4. · · · · · · · · · · · · · · · · · · ·			S. Continued of Clare Boomer	Fee	Required	
City & Stat	le	City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	<del></del>		-	Trust Fund Contribution		d to Fees	
Zip	ı ' həən ' h-		Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25	[29]	30			Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes	L ND	
	9. Name and Address of C	urrent Hegistered Ager	)I	B1	Name	10. Name and Address of New Registered	Agent		
	ILLINS, HENRY L				Name				
	O W. LYMAN AVENUE			82	Street	Address (P.O. Box Number is Not Acceptable)			
· W	NTER PARK FL 32789			00					
				83					
				84	City		85 Zi	p Code	
			·	لــــلـــــــــــــــــــــــــــــــــ	············	F	_		
11. Pursuant office or agent. I a	to the provisions of Sections 60: regi <mark>ster</mark> ed agent, or both, in the am f <b>a</b> miliar with, and accept the	7.0502 and 607.1508, FI State of Florida. Such ch obligations of, Section 6	orida Statutes, th lange was autho 07.0505, Florida	ne above prized by Statutes	e-named the corp s.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the submits and the submits are submits.	of changing opointment a	j its registered as registered	
SIGNATURE									
	Signature, typed or printed name of register				nt signature	required when reinstating) DATE	: ii		
12.	OFFICER:	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO		
TITLE	•			1.1 TITLE		Mullins. Henry - Hessland	Change	e 45 Addition	
NAME			1	1.2 NAME		5.30 W. Lynn Ave.			
STREET ADDRESS				1.3 STREET		630 W. Lyman Ave. Winder Park, PC 32789			
CITY-ST-ZIP	COLUMN			1.4 CHTY-S	I - ZIP	WINSC FAR 1 - 34101	1 1 60	. The same	
TITLE	☐ DELETE			2.1 TITLE			Change	e 🔲 Addition	
NAME				2.2 NAME		#1			
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2 4 CITY-5	I-ZIP				
TITLE	DELETE			3 1 11TLE			Change	e 🔲 Addition	
NAME			1	3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-5	T-ZIP			<del></del>	
TITLE			DELETE	4.1 TITLE			Change	e 🔲 Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREFT	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T - ZIP				
TITLE			DELETE	5 1 TITLE			Change	e 🔲 Addition	
NAME	}			5.2 NAME					
STREET ADDRESS	1			5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	1 - ZiP				
TITLE	j		DELETE	6.1 TITLE			Chang	e 🔲 Addition	
NAME	4		- I	6.2 NAME					
STREET ADDRESS	1			6.3 STREFT	ADDRESS			•	
CITY-ST-ZIP				6.4 CITY-S	7 710				

Thereby 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.