

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathern  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V70518 (8)**  
1. Corporation Name  
**MIRACLE VENTURES, INC.**



Principal Place of Business: **11004 FRONT BEACH ROAD PANAMA CITY BCH. FL 32407**  
Mailing Address: **11004 FRONT BEACH ROAD PANAMA CITY BCH. FL 32407**

3. Date Incorporated or Qualified: **10/13/1992** 3a. Date of Last Report: **03/06/1995**  
4. FEI Number: **59-3146241** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 **5126 W. Hwy. 98** State, Apt., Rm., etc.: **FL**  
22 **DBA THE SLEEP INN** City & State: **PANAMA CITY, FL**  
23 **PANAMA CITY, FL** Zip: **32401** Country: **U.S.A.**  
24 **32401** 25 **U.S.A.** 29 **30**

9. Name and Address of Current Registered Agent  
**TREADWELL, THOMAS HILTON, II**  
**425 BAYSHORE DR.**  
**S-12**  
**PANAMA CITY BCH. FL 32407**

81 Name: **T.H. TREADWELL, II**  
82 Street Address (P.O. Box Number is Not Acceptable): **5207 GULF DRIVE**  
83  
84 City: **PANAMA CITY BEACH,** FL 85 Zip Code: **32408**

11. Pursuant to the provisions of Sections 607.02(2) and 607.03(1), 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. Said change is hereby authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and agree to the provisions of Sections 607.02(2) and 607.03(1), Florida Statutes.

SIGNATURE: *[Signature]* **T.H. TREADWELL, II** **03 APR 96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TREADWELL, THOMAS HILTON</b>	
STREET ADDRESS	<b>425 BAYSHORE DR.</b>	
CITY-STATE-ZIP	<b>PANAMA CITY BCH. FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS H. TREADWELL, II</b>	
STREET ADDRESS	<b>5207 GULF DRIVE</b>	
CITY-STATE-ZIP	<b>PANAMA CITY BCH, FL 32408</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 its predecessor or that I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 15 if changed, or on an affidavit with an affidavit.

SIGNATURE: *[Signature]* **T.H. TREADWELL** **03 APR 96 904-235-0124**

CR2E034 (12/95)