

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V73527  
1. Corporation Name

TBF MIRACLE CITY, INC.

300001840513  
-05/28/96--01027--037  
\*\*\*200.00

Principal Place of Business: 225 S. Westmonte Drive, Suite 3020, Altamonte Springs, FL 32714  
Mailing Address: 225 S. Westmonte Drive, Suite 3020, Altamonte Springs, FL 32714

3. Date Incorporated or Qualified: 10/22/1992  
3a. Date of Last Report: 02/22/1995  
4. FEI Number: 59-3154298  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
FRANK McENULTY  
c/o Tri Five Properties  
225 S. Westmonte Drive, Suite 3020  
Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent  
81 Name: DAVID W. HALL  
82 Street Address (P.O. Box Number is Not Acceptable): 225 S. Westmonte Drive  
83 Suite 3020  
84 City: Altamonte Springs, FL 85 Zip Code: 32714

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: *David W. Hall* DAVID W. HALL 4/29/96  
DATE

12. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | DP                               | <input type="checkbox"/> DELETE |
| NAME           | SILVER, SHOEL                    |                                 |
| STREET ADDRESS | 225 S. Westmonte Dr., Suite 3020 |                                 |
| CITY-ST-ZIP    | Altamonte Springs, FL 32714      |                                 |
| TITLE          | DVS                              | <input type="checkbox"/> DELETE |
| NAME           | COOPER, BERNARD                  |                                 |
| STREET ADDRESS | 225 S. Westmonte Dr., Suite 3020 |                                 |
| CITY-ST-ZIP    | Altamonte Springs, FL 32714      |                                 |
| TITLE          | DVS                              | <input type="checkbox"/> DELETE |
| NAME           | LUBIN, LAWRENCE                  |                                 |
| STREET ADDRESS | 225 S. Westmonte Dr., Suite 3020 |                                 |
| CITY-ST-ZIP    | Altamonte Springs, FL 32714      |                                 |
| TITLE          | T                                | <input type="checkbox"/> DELETE |
| NAME           | LUBIN, LAWRENCE                  |                                 |
| STREET ADDRESS | 225 S. Westmonte Dr., Suite 3020 |                                 |
| CITY-ST-ZIP    | Altamonte Springs, FL 32714      |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lawrence Lubin* LAWRENCE LUBIN 4/29/96 (407) 865-5444  
DATE DAYTIME PHONE #

CR2E034 (12/95)