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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V73527

(6)

1. Corporation Name

TBF MIRACLE CITY, INC.

Principal Place of Business

225 S. WESTMONTE DR.
SUITE 3020
ALTAMONTE SPRINGS FL 32714

Mailing Address

225 S. WESTMONTE DR.
SUITE 3020
ALTAMONTE SPRINGS FL 32714-4218

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3154298

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

9. Name and Address of Current Registered Agent

HALL, DAVID W.
225 S. WESTMONTE DR.
SUITE 3020
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

JOSEPH E. WHITAKER

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SILVER, SHOEL
STREET ADDRESS
225 S. WESTMONTE DR. SUITE 3020
CITY-ST-ZIP
ALTAMONTE SPRGS. FL 32714

TITLE ☐ DELETE

NAME
DVS
STREET ADDRESS
COOPER, BERNARD
225 S. WESTMONTE DR. SUITE 3020
CITY-ST-ZIP
ALTAMONTE SPRGS. FL 32714

TITLE ☐ DELETE

NAME
DVS
STREET ADDRESS
LUBIN, LAWRENCE
225 S. WESTMONTE DR. SUITE 3020
CITY-ST-ZIP
ALTAMONTE SPRGS. FL 32714

TITLE ☐ DELETE

NAME
T
STREET ADDRESS
LUBIN, LAWRENCE
225 S. WESTMONTE DR. SUITE 3020
CITY-ST-ZIP
ALTAMONTE SPRGS. FL 32714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

STYLIZED SIGNATURE OF LAWRENCE LUBIN 4/18/97 (407) 665-5444

CR2E034 (9/96)