

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ.
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DP
SILVER, SHOEL
225 S. WESTMONTE DR. SUITE 3020
ALTAMONTE SPRGS. FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DVS
COOPER, BERNARD
225 S. WESTMONTE DR. SUITE 3020
ALTAMONTE SPRGS. FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DVS
LUBIN, LAWRENCE
225 S. WESTMONTE DR. SUITE 3020
ALTAMONTE SPRGS. FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

T
LUBIN, LAWRENCE
225 S. WESTMONTE DR. SUITE 3020
ALTAMONTE SPRGS. FL 32714

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2221 Lee Road, Suite 24
Winter Park, FL 32789

Change Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

2221 Lee Road, Suite 24
Winter Park, FL 32789

Change Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

2221 Lee Road, Suite 24
Winter Park, FL 32789

Change Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

2221 Lee Road, Suite 24
Winter Park, FL 32789

Change Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

Change Addition

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:

[Signature]

Aug 20 1998 (416) 785-6000

CR2E034 (5/98)