

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 731114 (5)

1. Corporation Name

METATHERAPY INSTITUTE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1330
HOMESTEAD FL 33090-1330

P.O. BOX 1330
HOMESTEAD FL 33090-1330

3. Date Incorporated or Qualified
11/14/1974

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 27200 Old Dixie Highway

26 P.O. Box 1330

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Naranja, Florida

28 Homestead, Florida

Zip

Country

Zip

Country

24 33032

25 U.S.A.

29 33090

30 U.S.A.

4. FEI Number
23-7400277

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

10. Name and Address of New Registered Agent

**ROBINSON, MAUREEN
3939 LOQUAT AVENUE
CORAL GABLES FL 33133**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROBINSON, MAUREEN**
STREET ADDRESS **3939 LOQUAT AVENUE**
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HERSH, ROBERT**
STREET ADDRESS **13331 SW 108TH ST CIRCLE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **MARUSSICH, SILVIA**
STREET ADDRESS **7720 SW 99TH STREET**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **SCHANTZ, MARGUERITE**
STREET ADDRESS **1315 S. FIELDLARK LANE**
CITY-ST-ZIP **HOMESTEAD FL 33035**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maureen Robinson* **Maureen Robinson**

01/16/96

(305)247-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)