


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Sep 12 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003086 (3)**  
 1. Corporation Name  
**AKADEMEIA SCHOOL OF ART, INC.**



Principal Place of Business <b>1520 NORTH A1A INDIALANTIC FL 32903</b>	Mailing Address <b>1520 NORTH A1A INDIALANTIC FL 32903-2707</b>
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>06/19/1996</b>	3a. Date of Last Report
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4. FEI Number <b>34-1698267</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees.
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM A ESQ.  
 6767 N. WICKHAM ROAD, STE. 400F  
 MELBOURNE FL 32940**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORDEVICH, LJLJANA</b>	1.2 NAME	
STREET ADDRESS	<b>1520 NORTH A1A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORDEVICH, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>1520 NORTH A1A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETITHUGUENIN, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>324 AVENUE B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOZEL, EUGENE DR.</b>	4.2 NAME	
STREET ADDRESS	<b>1930 SAN GABRIEL DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORDEVICH, Z. RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>1520 NORTH A1A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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.

CF2E037 (9/96)