

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
INSTITUTE OF AMERICAN METAPHYSICS, INCORPORATED

DOCUMENT #
NE7750

Mailing Address
**1245 S. GREENWOOD AVE. #C303
CLEARWATER, FL 34616**

EO0001481366
-05/09/95--01113--019
DO NOT WRITE IN THESE SPACES **70.00

3. Date Incorporated or Qualified
59-2502875

3a. Date of Last Report
1994

4. FEI Number
59-2502875

Applied For
 Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

7. Nonprofit Exempt from \$138.75 Supplemental Fee

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032.
Federal Statutes Yes No

2. Mailing Address
21 Suite, Apt # etc.
22 City & State
23 Zip Country

2a. Principal Place of Business
26 Suite, Apt # etc.
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent
**CANNIZZARO, JOHN T.
1245 S. GREENWOOD AVE. #C303
CLEARWATER, FL 34616**

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 607.0500 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purposes 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent & (if the applicable) (a) (1) Registered Agent (optional) (registered agent) (registered agent)

12. OFFICERS AND DIRECTORS	
11 TITLE	DIRECTOR
12 NAME	JOHN T. CANNIZZARO
13 STREET ADDRESS	1245 S. GREENWOOD AVE. #C303
14 CITY, ST., ZIP	CLEARWATER, FL 34616
15 TITLE	DIRECTOR
16 NAME	WYVIANE CANNIZZARO
17 STREET ADDRESS	1245 S. GREENWOOD AVE. #C303
18 CITY, ST., ZIP	CLEARWATER, FL 34616
19 TITLE	DIRECTOR
20 NAME	PAUL F. DANIELE
21 STREET ADDRESS	3721 75th ST. N.
22 CITY, ST., ZIP	ST. PETERSBURG, FL
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST., ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY, ST., ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST., ZIP	
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY, ST., ZIP	
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY, ST., ZIP	
43 TITLE	
44 NAME	
45 STREET ADDRESS	
46 CITY, ST., ZIP	
47 TITLE	
48 NAME	
49 STREET ADDRESS	
50 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 Sections 139.02(2)(b), Florida Statutes. I release the Directors of Corporation from any liability of non-compliance with Sections 139.02(2)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this filing is true and correct and that my signature shall have the same legal effect as if made under oath. That I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the owner or holder empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an affidavit with an affidavit.

SIGNATURE: *John Cannizzaro* **JOHN T. CANNIZZARO**
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

117 29 95
813-4553