

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N42224 (8)

1. Corporation Name

MYTHIC ARTS INSTITUTE OF AMERICA, INC.

Principal Place of Business

Mailing Address

4300 COASTAL HWY
ST AUGUSTINE FL 32095

4300 COASTAL HWY
ST AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

04/27/1994

4. FBI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

WHITEMAN, JOHN L
81 KING STREET
SUITE A
ST AUGUSTINE FL 32084

81 Name

William L Whitacre

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

17 S. MAGNOLIA AVE

83

ORLANDO, FLORIDA

84 City

FL

85

Zip Code

32801

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 607.0503, Florida Statutes.

SIGNATURE

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

(If 01E, Registered Agent signature required when instituting)

4/29/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

DE NICHOLAS, MARIA C

STREET ADDRESS

4300 COASTAL HWY

CITY - ST - ZIP

ST AUGUSTINE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

DE NICHOLAS, ANTONIO T

STREET ADDRESS

4300 COASTAL HWY

CITY - ST - ZIP

ST AUGUSTINE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

STEIN, ELISABETH

STREET ADDRESS

1014 RED BUD LANE

CITY - ST - ZIP

TALLAHASSEE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

DE NICHOLAS, JOSE R

STREET ADDRESS

4300 COASTAL HWY

CITY - ST - ZIP

ST AUGUSTINE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 118.07(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:

Maria de Nicolas

Maria de Nicolas

4/29/95

824-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #