


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90066 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42224					
1. Corporation Name MYTHIC ARTS INSTITUTE OF AMERICA, INC.					
Principal Place of Business 905 COLONIAL DR ST AUGUSTINE FL 32086 US			Mailing Address 905 COLONIAL DRIVE ST AUGUSTINE FL 32086 US		



2. Principal Place of Business 21 7131 NW 14th Ave Suite, Apt. #, etc. 22		2a. Mailing Address 26 7131 NW 14th Ave Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/25/1991	
23 Gainesville FL City & State 24 32605 25 Zip Country		28 Gainesville FL City & State 29 32605 30 Zip Country		4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent DENICOLAS, MARIA C 905 COLONIAL DRIVE ST. AUGUSTINE FL 32086				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7131 NORTH WEST 14th AVE 83 GAINESVILLE 84 City FL 85 Zip Code 32605	
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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 *Maria C de Nicolas* DATE **4-27-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NICHOLAS, MARIA C	1.2 NAME	
STREET ADDRESS	905 COLONIAL DR	1.3 STREET ADDRESS	7131 NW 14th Ave
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	Gainesville FL 32605
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NICHOLAS, ANTONIO T	2.2 NAME	
STREET ADDRESS	905 COLONIAL DR	2.3 STREET ADDRESS	7131 NW 14th Ave
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	Gainesville FL 32605
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NICHOLAS, JOSE R	3.2 NAME	
STREET ADDRESS	905 COLONIAL DR	3.3 STREET ADDRESS	7131 NW 14th Ave
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	Gainesville FL 32605
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria C de Nicolas* **4/27/99** (352) 332-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)