

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 # *N93000002011*

1. Corporation Name

Metamorphosis for Education, Inc

Principal Place of Business

Mailing Address

*23 Shady Lane
Tequesta, FL 33469*

*23 Shady Lane
Tequesta, FL 33469*

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0484235

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*ONORATO, Cheryl
23 Shady Lane
Tequesta, Florida
33469*

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

Elizabeth A. Schauer

(NOTE: Registered Agent signature required when reinstating)

DATE *April 30, 1996*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>JOAN MARSHALL</i>	
STREET ADDRESS	<i>343 COUNTRY CLUB DRIVE</i>	
CITY-ST-ZIP	<i>TEQUESTA, FL 33469</i>	
TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>DAVE ZVERS</i>	
STREET ADDRESS	<i>114 QUAYSIDE DRIVE</i>	
CITY-ST-ZIP	<i>Jupiter, FL 33477</i>	
TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>Cheryl ONORATO</i>	
STREET ADDRESS	<i>23 SHADY LANE</i>	
CITY-ST-ZIP	<i>TEQUESTA, FL 33469</i>	
TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>ELIZABETH A. Schauer</i>	
STREET ADDRESS	<i>85 TEAKWOOD CIRCLE</i>	
CITY-ST-ZIP	<i>TEQUESTA FL 33469</i>	
TITLE	<i>DIRECTOR</i>	<input type="checkbox"/> DELETE
NAME	<i>BARBARA P. HENDERSON</i>	
STREET ADDRESS	<i>148 ARROWHEAD CIRCLE</i>	
CITY-ST-ZIP	<i>JUPITER, FL 33469</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>700001850797</i>
4.4 CITY-ST-ZIP	<i>-06/04/96--01154--040</i>
	<i>***61.25</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Elizabeth A. Schauer

ELIZABETH A. Schauer

April 30, 1996

747-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR, TREASURER

DATE

Daytime Phone #

CR2E037 (12/95)

*6496
jp
407-*