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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002011 (5)
1. Corporation Name
METAMORPHOSIS FOR EDUCATION, INC.



Principal Place of Business 21 SHADY LANE 240 FAIRWAY EAST TEQUESTA FL 33469	Mailing Address 29 SHADY LANE 240 FAIRWAY EAST TEQUESTA FL 33469-2907
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3. Date Incorporated or Qualified 05/04/1993	3a. Date of Last Report 06/04/1996
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2. Principal Place of Business 21 240 FAIRWAY EAST	2a. Mailing Address 26 240 FAIRWAY EAST	4. FEI Number 65-0484235	Applied For <input type="checkbox"/> Not Applicable
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22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State 23 TEQUESTA, FL	28. City & State 28 TEQUESTA FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

24. Zip 33469	25. Country Palm Beach	29. Zip 33469	30. Country FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ONORATO, CHERYL 29 SHADY LANE TEQUESTA FL 33469	10. Name and Address of New Registered Agent 81 Name CTUM, MARIE 82 Street Address (P.O. Box Number is Not Acceptable) 240 FAIRWAY EAST 83 84 City TEQUEST FL 85 Zip Code 33469
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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 **Marie H. Crum, President** *Marie H. Crum* DATE **3-11-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL JOAN	1.2 NAME	CTUM, MARIE
STREET ADDRESS	343 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	240 FAIRWAY EAST
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IVERS, DAVID	2.2 NAME	PATRICIA L. WATKINS
STREET ADDRESS	114 QUAYSIDE DR	2.3 STREET ADDRESS	167 RIVER DRIVE
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR - SECT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONORATO, CHERYL	3.2 NAME	ZIMMANS, JOYCE
STREET ADDRESS	23 SHADY LANE	3.3 STREET ADDRESS	10 DAK RIDGE LANE
CITY-ST-ZIP	TEQUESTA FL 33469	3.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUER ELIZABETH A.	4.2 NAME	
STREET ADDRESS	85 TEAKWOOD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, BARBARA P	5.2 NAME	
STREET ADDRESS	148 ARROWHEAD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	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)(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.

Marie H. Crum 3/14/97

CR2E037 (9/96)