

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05462** (7)
1. Corporation Name
INTERNATIONAL ASSOCIATION OF METAPHYSICS, INC.



Principal Place of Business 1439 SOUTH CRESCENT HEIGHTS BLVD. LOS ANGELES CA 90035	Mailing Address 40 S. STREET ANDERWS ST. ORMOND BCH. FL 32174
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1985		3a. Date of Last Report 06/18/1996	
4. FEI Number 95-3713281		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		9. Name and Address of Current Registered Agent LINFORD D. CURTIS 40 S. ST. ANDREWS ST. ORMOND BEACH FL 32017		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	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JAMES W.R., D.C.	1.2 NAME	
STREET ADDRESS	440 LAKE PEARL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUSSANT, JOAN	2.2 NAME	
STREET ADDRESS	2513 WELLINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSELBERRY, MATILDA C.	3.2 NAME	
STREET ADDRESS	8211 SUMMERTIME LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CULVER CITY CA	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINFORD CURTIS	4.2 NAME	
STREET ADDRESS	40 S. ST. ANDREWS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORELI WILSON	5.2 NAME	
STREET ADDRESS	1724 RALEIGH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKAHARA, CAROLINE S.	6.2 NAME	
STREET ADDRESS	1439 S CRESCENT HTS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	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.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)