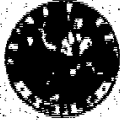


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 696027 (2)

1. Corporation Name
AMELIA REALTY, INC.

Principal Place of Business PO BOX 3000 AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32035-1307 US	Mailing Address PO BOX 3000 AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32035-1307 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1991	3a. Date of Last Report 04/21/1994
4. FEI Number 58-1473630	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**COMMANDER, CHARLES E. III
2000 INDEPENDENT SQ
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOPER, RICHARD L.
STREET ADDRESS	2750 TERMINAL TOWER
CITY - ST - ZIP	CLEVELAND OH
TITLE	SD
NAME	GUDBRANSON, ROBERT N.
STREET ADDRESS	2750 TERMINAL TOWER
CITY - ST - ZIP	CLEVELAND OH
TITLE	V
NAME	BRAY, NORMAN
STREET ADDRESS	AMELIA ISLAND PLANTATION
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	T
NAME	HEALAN, JACK B, JR
STREET ADDRESS	AMELIA ISLAND PLANTATION
CITY - ST - ZIP	AMELIA ISLAND FL
TITLE	S
NAME	COMMANDER, CHARLES E. III
STREET ADDRESS	200 LAURA STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
4.4 CITY - ST - ZIP	
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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack B. Healan, Jr.*
SIGNATURE AND TYPE ON THIS LINE OF SIGNING OFFICER OR DIRECTOR
Jack B. Healan, Jr.

April 12, 1995 904/261-6161
Date Daytime Hours