

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 07/24/1981
3a. Date of Last Report: 04/24/1995
4. FEI Number: 58-1473630
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-fields for Suite, City, State, Zip, and 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 (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COOPER, RICHARD L.	1.1 TITLE:	
STREET ADDRESS: 2750 TERMINAL TOWER	CITY-ST-ZIP: CLEVELAND OH	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: SD	NAME: GUDBRANSON, ROBERT N.	2.1 TITLE:	
STREET ADDRESS: 2750 TERMINAL TOWER	CITY-ST-ZIP: CLEVELAND OH	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: V	NAME: BRAY, NORMAN	3.1 TITLE:	
STREET ADDRESS: AMELIA ISLAND PLANTATION	CITY-ST-ZIP: AMELIA ISLAND FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: T	NAME: HEALAN, JACK B, JR	4.1 TITLE:	
STREET ADDRESS: AMELIA ISLAND PLANTATION	CITY-ST-ZIP: AMELIA ISLAND FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: S	NAME: COMMANDER, CHARLES E, III	5.1 TITLE:	
STREET ADDRESS: 200 LAURA STREET	CITY-ST-ZIP: JACKSONVILLE FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____

CR2E034 (12/95)