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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 696027

1. Corporation Name
AMELIA REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH FL 32035-3000 US	Mailing Address PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH FL 32035-3000 US
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3. Date Incorporated or Qualified 07/24/1981	Applied For Not Applicable
4. FEI Number 58-1473630	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD L.	
STREET ADDRESS	2750 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUDBRANSON, ROBERT N.	
STREET ADDRESS	2750 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAY, NORMAN	
STREET ADDRESS	AMELIA ISLAND PLANTATION	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEALAN, JACK B, JR	
STREET ADDRESS	AMELIA ISLAND PLANTATION	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COMMANDER, CHARLES E, III	
STREET ADDRESS	200 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack B. Healan, Jr. **REQUIRED** April 8, 1999 (904) 261-6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)