

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004153 (9)

1. Corporation Name
AMELIA MARITIME SERVICES, INC.



Principal Place of Business 820 WORLD TRADE CENTER 101 W. MAIN STREET NORFOLK VA 23510	Mailing Address 820 WORLD TRADE CENTER 101 W. MAIN STREET NORFOLK VA 23510
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1802128	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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	

9. Name and Address of Current Registered Agent WATKINS, SPOTSWOOD B 1887 SOUTH 14TH STREET, STE 105 FERNANDINA BEACH FL 32034				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number Is Not Acceptable)				FL	
83					
84 City					

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 WATKINS, SPOTSWOOD B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1887 SOUTH 14TH ST, STE 105	1.2 NAME	
STREET ADDRESS	FERNANDINA BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD QUINN, DANIEL J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAGGER STATION PO BOX 015359	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD QUINN, DONALD T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAGGER STATION PO BOX 015359	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD HOST, DAVID F	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	820 WORLD TRADE CENTER	4.2 NAME	
STREET ADDRESS	NORFOLK VA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD WIBLE, DAVID C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	820 WORLD TRADE CENTER	5.2 NAME	
STREET ADDRESS	NORFOLK VA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D OUTERBRIDGE, HERBERT H	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	142 WOODLAND DRIVE	6.2 NAME	
STREET ADDRESS	SALT SPRING ISLAND CANADA	6.3 STREET ADDRESS	
CITY-ST-ZIP		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; that I am 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 in an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 4/30/98 (904) 321-1803

CR2E034 (10/97)