

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 # **G54469** (3)  
1. Corporation Name  
**F M AMELIA, INC.**



Principal Place of Business Mailing Address  
**250 KING OF PRUSSIA RD  
RADNOR PA 19087**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified **08/17/1983** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2316716** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **700001808737  
-05/06/96--01028--013**  
84 City **\*\*\*200.00** 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

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

NOTE: Registered Agent signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MULLIN, ARTHUR W  
250 KING OF PRUSSIA RD.  
RADNOR PA  
VD ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KNOX, THOMAS J  
250 KING OF PRUSSIA RD.  
RADNOR PA  
VD ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KELICAN, JAMES W  
250 KING OF PRUSSIA RD.  
RADNOR PA  
S ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BIXLER, ROBERT  
250 KING OF PRUSSIA RD.  
RADNOR PA  
AS ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAMASITIS, MARGARET  
250 KING OF PRUSSIA RD.  
RADNOR PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP **19087**  
21 TITLE ☒ Change ☐ Addition  
22 NAME **V. D.**  
23 STREET ADDRESS **TAYLOR, WILLIAM S.**  
24 CITY-ST-ZIP **250 KING OF PRUSSIA RD.  
RADNOR PA 19087**  
31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP **19087**  
41 TITLE ☒ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP **19087**  
51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP **19087**  
61 TITLE ☐ Change ☒ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 it 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: *Margaret Tamasis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(610)964-7233  
Daytime Phone #

CR2E034 (12/95)