

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094642 (1)

1. Corporation Name
AMELIAPLEX, INC.



Principal Place of Business
1103 EAST AMELIA STREET
ORLANDO FL 32803

Mailing Address
1103 EAST AMELIA STREET
ORLANDO FL 32803-5327

3. Date Incorporated or Qualified 11/07/1996	3a. Date of Last Report
4. FEI Number 59-3411044	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input 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
23 Zip	28 Zip
24 Country	29 Country
25	30

TORRICO, RAFAEL JR
1103 EAST AMELIA STREET
ORLANDO FL 32803

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	sh/d
NAME	TORRICO, RAFAEL JR	1.2 NAME	
STREET ADDRESS	1103 EAST AMELIA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	P/D
NAME	TORRICO, SUSAN	2.2 NAME	
STREET ADDRESS	1103 EAST AMELIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V/D
NAME		3.2 NAME	PATRICK BRUNNER
STREET ADDRESS		3.3 STREET ADDRESS	1851 DORMIGONE ROAD NORTH
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE		4.1 TITLE	V/D
NAME		4.2 NAME	DAVID B. GOODRICH
STREET ADDRESS		4.3 STREET ADDRESS	565 FIFTH AVENUE, S.E.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE		5.1 TITLE	V/D
NAME		5.2 NAME	WILBUR BULLOCK
STREET ADDRESS		5.3 STREET ADDRESS	9211 NORTH CHELSEA DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SUSAN TORRICO PRES.

SUSAN TORRICO

4/25/97

841-1508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0065244

CR2E034 (9/96)