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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037826 (9)

FILED May 07 1998 8:00am Secretary of State

AMELIA HOUSE BED, BREAKFAST & SAIL, INC.							
							JA 1477 (1184
Principal Plac	e of Business	Mailing Address				JOO IIAAN IQODA IOO IABA	J 014 10F1
222 NORTH 5TH STREET 222 NORTH 5TH STREET							
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32					DO NOT WRITE IN	THIS SPACE	
]					3. Date Incorporated or Qualified		
					04/28/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65 - 0774857		plied For
26						¢0.75 A	t Applicable
27					5. Certificate of Status Desired	Fee Re	
		City & State	y & State		6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		6. This corporation owes or has paid th		angible No
24	26 9. Name and Address of Curren	29 29 Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.		1 140
CR	ONIN, BARRY W		81	Name _z	BRAD A. WILLIAMS		
187 LAKEVIEW DRIVE #204				Street Ad	dress (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33326				01100113	Idress (P.O. Box Number is Not Acceptable)	2ACE	
			83				
1			84	City	LAUDERDALE	- 85 Zip C	Code
11 Purcuent	to the provisions of Sections 607.050	3 and 607 1609. Florido Statut	oc the phow	p p p p p p p p p p p p p p p p p p p	reporation submits this statement for the nurse	FL 33	324
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 to obligations of Section 607.0505, Florida Statutes.							
i	im familiar with, and accept of obliga	ations of Section 607,0505, Fi	orida Statutes	5.		4-26-	-9°5'
SIGNATURE	Signature, by A. or Joined cause of registered age:	nt and title if applicable (NOI	L Registered Age	ent signature rec	quired when reinstating) D	ATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE		☐ DELETE	1.1 TITLE		PRES IDENT	Change	Addition 3
NAME			1.2 NAME		BRAD A. WILLIAMS 1290 NW 782 TERR,] }
STREET ADDRESS			1.3 STREET	ADDRESS	PTI LANDER DALE PL	33322	
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-S 2.1 TITLE	1- ZIP	VICE - PRESIDENT	Change	Addition
NAME	C. Section		22 NAME		BARRY CRONIN	A Change	
STREET ADDRESS			2 3 STREET	ADDRESS	BARRY CRONIN 222 N. 58 ST.		
CITY-ST-ZIP			2. 4 CITY - S		FERNANONA BEACH PL	. 32034	
TITLE		☐ DELFTE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				ľ
STREET ADDRESS			3.3 STREET	ADDRESS			i i
CITY-ST-ZIP			3.4. CITY - S	T-ZIP			
TITLE		L DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP		Change	Addition
TITLE	DELETE		5.1 TITLE	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		L Criange	Addition
NAME ETRECT ADDRESS			5.2 NAME	ADODECC			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		☐ DELETE	54 CITY-S 61 TITLE	I-ZIP		Change	Addition
NAME		- Percit	62 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP			6.4 City-S				
 					. D 10 07(0)(1) Et 11 0; 11 11		

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 supplieriental 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 arighment with an address.

SIGNATURE: