

**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 # **202026** (1)

1. Corporation Name

**THE ALLEN MORRIS COMMERCIAL REAL ESTATE SERVICES COMPANY**



Principal Place of Business

1000 BRICKELL AVE  
12TH FLOOR  
MIAMI FL 33131

Mailing Address

1000 BRICKELL AVE  
12TH FLOOR  
MIAMI FL 33131

3/17/95  
03/17/1995

3. Date Incorporated or Qualified  
**04/29/1957**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
**59-6078963**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$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

MORRIS, L ALLEN  
1000 BRICKELL AVE 1200  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V SHELLEY, ROSELYN C. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 BRICKELL AVE #1200	1.2 NAME	
STREET ADDRESS	MIAMI, FLORIDA 0	1.3 STREET ADDRESS	
CITY-ST-ZIP	CD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MORRIS, W ALLEN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 BRICKELL AVE #1200	2.2 NAME	
STREET ADDRESS	MIAMI, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP	D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MORRIS, L ALLEN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 BRICKELL AVE #1200	3.2 NAME	
STREET ADDRESS	MIAMI, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP	P <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	WHITE, PAUL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 BRICKELL AVE #1200	4.2 NAME	
STREET ADDRESS	MIAMI, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP	V <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	GRAHAM, DALE I. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 BRICKELL AVE #1200	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	VSD <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DAVIS, BILL G <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 BRICKELL AVE #300	6.2 NAME	
STREET ADDRESS	MIAMI, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

Bill Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

*Bill G. Davis* 1-24-96 (305) 358-1000

CR2E034 (12/95)