

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711361** (6)  
1. Corporation Name  
**THE ALLEN MORRIS FOUNDATION**



Principal Place of Business <b>1000 BRICKELL AVENUE 12 FL MIAMI FL 33131-3014</b>	Mailing Address <b>1000 BRICKELL AVENUE 12 FL MIAMI FL 33131-3014</b>
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3. Date Incorporated or Qualified <b>08/17/1966</b>	Applied For <b>Not Applicable</b>
4. FEI Number <b>59-6152420</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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

10. Name and Address of New Registered Agent

**MORRIS, L ALLEN  
1000 BRICKELL AVE  
MIAMI FL 33131**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, DIANE Y.</b>
STREET ADDRESS	<b>1000 BRICKELL AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BELL, JAMES F JR</b>
STREET ADDRESS	<b>1100 JOHNSON FERRY RD NE</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, W. ALLEN</b>
STREET ADDRESS	<b>1000 BRICKELL AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, L ALLEN</b>
STREET ADDRESS	<b>1000 BRICKELL AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUPP, GARY L</b>
STREET ADDRESS	<b>1000 BRICKELL AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, IDA AKERS</b>
STREET ADDRESS	<b>1000 BRICKELL AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/98 (305) 358-1000  
Date Daytime Phone

CR2E037 (10/97)