

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90040 013 \*\*\*150.00

DOCUMENT # 202026

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1957

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

Bill G. Davis

82 Street Address (P.O. Box Number is Not Acceptable)

1000 Brickell Avenue, Suite 300

83

84 City

Miami

FL

85 Zip Code

33131

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

*Bill G. Davis*

Bill G. Davis

1-19-99

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 ☐ DELETE

NAME CD  
STREET ADDRESS MORRIS, W ALLEN  
CITY-ST-ZIP 1000 BRICKELL AVE #1200  
MIAMI, FL 00000

TITLE ☒ DELETE

NAME D  
STREET ADDRESS MORRIS, L ALLEN  
CITY-ST-ZIP 1000 BRICKELL AVE #1200  
MIAMI, FL 00000

TITLE ☐ DELETE

NAME P  
STREET ADDRESS WHITE, PAUL  
CITY-ST-ZIP 1000 BRICKELL AVE #1200  
MIAMI, FL 00000

TITLE ☐ DELETE

NAME V  
STREET ADDRESS GRAHAM, DALE I.  
CITY-ST-ZIP 1000 BRICKELL AVE #1200  
MIAMI FL

TITLE ☐ DELETE

NAME VSD  
STREET ADDRESS DAVIS, BILL G  
CITY-ST-ZIP 1000 BRICKELL AVE #300  
MIAMI, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill G. Davis*

Bill G. Davis

1-19-99

(305) 358-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)