

**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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

MORRIS, L ALLEN  
1000 BRICKELL AVE 1200  
MIAMI FL 33131

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 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: <b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SHELLEY, ROSELYN C.</b>	1.2 NAME
STREET ADDRESS: <b>1000 BRICKELL AVE #1200</b>	1.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI, FLORIDA 0</b>	1.4 CITY-ST-ZIP
TITLE: <b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MORRIS, W ALLEN</b>	2.2 NAME
STREET ADDRESS: <b>1000 BRICKELL AVE #1200</b>	2.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>	2.4 CITY-ST-ZIP
TITLE: <b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MORRIS, L ALLEN</b>	3.2 NAME
STREET ADDRESS: <b>1000 BRICKELL AVE #1200</b>	3.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP
TITLE: <b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WHITE, PAUL</b>	4.2 NAME
STREET ADDRESS: <b>1000 BRICKELL AVE #1200</b>	4.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP
TITLE: <b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRAHAM, DALE I.</b>	5.2 NAME
STREET ADDRESS: <b>1000 BRICKELL AVE #1200</b>	5.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI FL</b>	5.4 CITY-ST-ZIP
TITLE: <b>VSD</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DAVIS, BILL G</b>	6.2 NAME
STREET ADDRESS: <b>1000 BRICKELL AVE #300</b>	6.3 STREET ADDRESS
CITY-ST-ZIP: <b>MIAMI, FL 00000</b>	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 #

1-24-96 (305) 358-1000

CR2E034 (12/95)