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Secretary of State

03-01-1999 90040 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

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.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29

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
Bill G. Davis

82 Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Avenue, Suite 300

83

84 City
Miami

85 Zip Code
FL 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** DATE **1-19-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, W ALLEN		1.2 NAME
STREET ADDRESS 1000 BRICKELL AVE #1200		1.3 STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 00000		1.4 CITY-ST-ZIP
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, L ALLEN		2.2 NAME
STREET ADDRESS 1000 BRICKELL AVE #1200		2.3 STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 00000		2.4 CITY-ST-ZIP
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, PAUL		3.2 NAME
STREET ADDRESS 1000 BRICKELL AVE #1200		3.3 STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 00000		3.4 CITY-ST-ZIP
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAHAM, DALE I.		4.2 NAME
STREET ADDRESS 1000 BRICKELL AVE #1200		4.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP
TITLE VSD	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, BILL G		5.2 NAME
STREET ADDRESS 1000 BRICKELL AVE #300		5.3 STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 00000		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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** DATE **1-19-99** DAYTIME PHONE # **(305) 358-1000**

CR2E034 (1/1/98)