

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:52

DOCUMENT # 210633 (4)

1. Corporation Name
THE ALLEN MORRIS COMPANY

Principal Place of Business Mailing Address
1000 BRICKELL AVE - 12TH FLOOR 1000 BRICKELL AVE - 12TH FLOOR
MIAMI FL 33131 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/19/1958	3a. Date of Last Report 02/01/1994
4. FEI Number 59-0824139	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sute, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Sute, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

MORRIS, L ALLEN
1000 BRICKELL AVENUE #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 **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 _____ DATE _____
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reconstituted)

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	MORRIS, L ALLEN
STREET ADDRESS	1000 BRICKELL AVE., #1200
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	GRAHAM, DALE I.
STREET ADDRESS	1000 BRICKELL AVE., #1200
CITY - ST - ZIP	MIAMI FL
TITLE	VSD
NAME	DAVIS, BILL G
STREET ADDRESS	1000 BRICKELL AVE #300
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	WHITE, PAUL L.
STREET ADDRESS	1000 BRICKELL AVE., #1200
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	MORRIS, W. ALLEN
STREET ADDRESS	1000 BRICKELL AVE #1200
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	LEIDNER, LAURENCE P.
STREET ADDRESS	1000 BRICKELL AVE #300
CITY - ST - ZIP	MIAMI FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 appointed 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 attached report or an addendum.

SIGNATURE: **BILL G. DAVIS** *Bill G. Davis* 1-23-95
DATE: _____