

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **210633** (4)  
1. Corporation Name  
**THE ALLEN MORRIS COMPANY**



Principal Place of Business <b>1000 BRICKELL AVE - 12TH FLOOR MIAMI FL 33131</b>	Mailing Address <b>1000 BRICKELL AVE - 12TH FLOOR MIAMI FL 33131-3013</b>
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3. Date Incorporated or Qualified <b>03/19/1958</b>	3a. Date of Last Report <b>02/14/1996</b>
4. FEI Number <b>59-0624139</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent <b>MORRIS, L ALLEN 1000 BRICKELL AVENUE #1200 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORRIS, L ALLEN</b>		1.2 NAME	
STREET ADDRESS <b>1000 BRICKELL AVE., #1200</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAHAM, DALE I.</b>		2.2 NAME	
STREET ADDRESS <b>1000 BRICKELL AVE., #1200</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, BILL G</b>		3.2 NAME	
STREET ADDRESS <b>1000 BRICKELL AVE #300</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITE, PAUL L.</b>		4.2 NAME	
STREET ADDRESS <b>1000 BRICKELL AVE., #1200</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		4.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORRIS, W. ALLEN</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	<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 do 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.

SIGNATURE: *Bill G. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (305) 358-1000  
Date Daytime Phone #

CR2E034 (9/96)