

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 90119 001 ***150.00

DOCUMENT # 367580

1. Corporation Name

MIAMILAND EXECUTIVE OFFICE PARK, INC.



Principal Place of Business
1000 BRICKELL AVE., #1200
MIAMI FL 33131

Mailing Address
1000 BRICKELL AVE., #1200
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1970

4. FEI Number

59-1362052

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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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
Signature, typed or printed name of registered agent and title if applicable.

Bill G. Davis, Treasurer

1-19-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

MORRIS, L ALLEN

STREET ADDRESS

1000 BRICKELL AVE. #1200

CITY-ST-ZIP

MIAMI FL

TITLE

AS

☐ DELETE

NAME

COLLINS, DIANE C

STREET ADDRESS

1000 BRICKELL AVE. #1200

CITY-ST-ZIP

MIAMI FL

TITLE

ST

☐ DELETE

NAME

DAVIS, BILL G.

STREET ADDRESS

1000 BRICKELL AVE. #300

CITY-ST-ZIP

MIAMI FL

TITLE

VD

☐ DELETE

NAME

MORRIS, W. ALLEN

STREET ADDRESS

1000 BRICKELL AVE., #1200

CITY-ST-ZIP

MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill G. Davis, Treasurer

1-19-99

305-358-1000

Date

Daytime Phone #

CR2E034 (11/98)