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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:52

DOCUMENT # **381752** (5)

1. Corporation Name
THE ALLEN MORRIS CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
1000 BRICKELL BLDG. STE 1200 MIAMI FL 33131	1000 BRICKELL BLDG. STE 1200 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/07/1971	3a. Date of Last Report 02/03/1994
4. FEI Number 59-1362057	Applied For 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 S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MORRIS, L ALLEN
1000 BRICKELL AVE 1200
MIAMI FL 33131-0014**

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

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 title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, PAUL
STREET ADDRESS	1000 BRICKELL AVE 1200
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MORRIS, L ALLEN
STREET ADDRESS	1000 BRICKELL AVE 1200
CITY - ST - ZIP	MIAMI, FLORIDA 0
TITLE	AS
NAME	COLLINS, DIANE C
STREET ADDRESS	1000 BRICKELL AVE 1200
CITY - ST - ZIP	MIAMI, FLORIDA 0
TITLE	CD
NAME	MORRIS, W. ALLEN
STREET ADDRESS	1000 BRICKELL AVE 1200
CITY - ST - ZIP	MIAMI, FLORIDA 0
TITLE	D
NAME	RUPP, GARY L
STREET ADDRESS	1000 BRICKELL AVE 1200
CITY - ST - ZIP	MIAMI, FLORIDA 0
TITLE	VSD
NAME	DAVIS, BILL G
STREET ADDRESS	1000 BRICKELL AVE 1200
CITY - ST - ZIP	MIAMI, FL 00000

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an other name page or an addendum.

SIGNATURE: **BILL G. DAVIS** *Bill G. Davis* 1-23-95 (315) 358-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone