

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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**

3. Date Incorporated or Qualified **05/07/1971** 3a. Date of Last Report **03/13/1996**
4. FET Number **59-1362057** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

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 **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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, PAUL	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, L ALLEN	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY - ST - ZIP	MIAMI, FLORIDA 0	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLLINS, DIANE C	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY - ST - ZIP	MIAMI, FLORIDA 0	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MORRIS, W. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY - ST - ZIP	MIAMI, FLORIDA 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUPP, GARY L	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY - ST - ZIP	MIAMI, FLORIDA 0	
TITLE	VSD	<input type="checkbox"/> DELETE
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 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* **1-14-97 (305) 358-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)