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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90069 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 381752
1. Corporation Name

THE ALLEN MORRIS CONSTRUCTION COMPANY

Principal Place of Business 1000 BRICKELL AVENUE SUITE 1200 MIAMI, FL 33131	Mailing Address 1000 BRICKELL AVENUE SUITE 1200 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/07/1971	4. FEI Number 59-1362057	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 owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

MORRIS, L. ALLEN
1000 BRICKELL AVENUE, STE. 1200
MIAMI, FL 33131-0014

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, STE. 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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, PAUL	
STREET ADDRESS	1000 BRICKELL AVE. STE.1200	
CITY - ST - ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, L. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE. STE.1200	
CITY - ST - ZIP	MIAMI, FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLLINS, DIANE C	
STREET ADDRESS	1000 BRICKELL AVE. STE.1200	
CITY - ST - ZIP	MIAMI, FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MORRIS W. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE. STE.1200	
CITY - ST - ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUPP, GARY L.	
STREET ADDRESS	1000 BRICKELL AVE. STE.1200	
CITY - ST - ZIP	MIAMI, FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DAVIS, BILL G.	
STREET ADDRESS	1000 BRICKELL AVE. STE.1200	
CITY - ST - ZIP	MIAMI, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 BILL G. DAVIS 4-22-99 (305) 358-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)