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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711361

1. Corporation Name THE ALLEN MORRIS FOUNDATION

139514-90217-32

Principal Place of Business 1000 BRICKELL AVENUE 12 FL MIAMI FL 33131-3014 Mailing Address 1000 BRICKELL AVENUE 12 FL MIAMI FL 33131-3014



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 08/17/1966 4. FEI Number 59-6152420 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

9. Name and Address of Current Registered Agent MORRIS, L ALLEN 1000 BRICKELL AVE MIAMI FL 33131 10. Name and Address of New Registered Agent 81 Name W. Allen Morris 82 Street Address 1000 Brickell Avenue, Suite 1200 83 84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE W. Allen Morris DATE 1/22/99

Table with 2 columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like MORRIS, DIANE Y., BELL, JAMES F JR, MORRIS, W. ALLEN, MORRIS, L ALLEN, RUPP, GARY L, MORRIS, IDA AKERS.

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 617, 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: W. Allen Morris DATE: 1/22/99 Daytime Phone #: (305) 358-1000

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