

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:16

DOCUMENT # 835919

(2)

1. Corporation Name

ALLIED REALTY CORPORATION

Principal Place of Business

2000 PRESIDENTIAL WAY #1003
WEST PALM BCH FL 33401

Mailing Address

2000 PRESIDENTIAL WAY #1003
WEST PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date of Report (For Calendar)

03/11/1976

3a. Date of Last Report

03/01/1994

4. F.E. Number

56-0522938

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

9. Name and Address of Current Registered Agent

HOWARD, MINORA P.
2000 PRESIDENTIAL WAY #1003
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607 (a)(2) and 607 (15)(b), 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 (a)(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer and Director)

(Signature of Registered Agent or Officer and Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, MINORA P
STREET ADDRESS	2000 PRESIDENTIAL WAY
CITY, ST, ZIP	W PALM BEACH FL
TITLE	D
NAME	MILLER, BERTHA H.
STREET ADDRESS	9220 EVENING SHADOW DR.
CITY, ST, ZIP	CHATTANOOGA TN
TITLE	DST
NAME	BAGAN, PHYLIS H
STREET ADDRESS	877 FAIRVIEW ROAD
CITY, ST, ZIP	HIGHLAND PARK, ILL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 1994(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Minora Howard

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

K 2/8/95

Date

Signature Press #