

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

21 **2450 Presidential Way**

Suite, Apt. #, etc. **# 1007**

22 **West Palm Bch, FL**

23 **33401** **USA**

2a. Mailing Address

26 **2450 Presidential Way**

Suite, Apt. #, etc. **# 1007**

27 **West Palm Bch, FL**

28 **33401** **USA**

3. Date Incorporated or Qualified

03/11/1976

3a. Date of Last Report

02/14/1995

4. FEI 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

81 Name **Howard, Minora P**
82 Street Address (P.O. Box Number is Not Acceptable)
2450 Presidential Way # 1007
83
84 City **West Palm Bch** **FL** 85 Zip Code **33401**

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 *Minora Howard*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HOWARD, MINORA P**
STREET ADDRESS **2000 PRESIDENTIAL WAY**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **D** ☐ DELETE
NAME **MILLER, BERTHA H.**
STREET ADDRESS **9220 EVENING SHADOW DR.**
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE **DST** ☐ DELETE
NAME **BAGAN, PHYLIS H**
STREET ADDRESS **877 FAIRVIEW ROAD**
CITY-ST-ZIP **HIGHLAND PARK, ILL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Howard, Minora P.**
1.3 STREET ADDRESS **2450 Presidential Way #1007**
1.4 CITY-ST-ZIP **West Palm Bch, FL 33401**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Miller, Bertha H.**
2.3 STREET ADDRESS **9220 Evening Shadow Dr.**
2.4 CITY-ST-ZIP **Chattanooga, TN 37421**

3.1 TITLE **DST** ☒ Change ☐ Addition
3.2 NAME **Bagan, Phylis H.**
3.3 STREET ADDRESS **877 Fairview Road**
3.4 CITY-ST-ZIP **Highland Park, Ill 60035**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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 *Minora Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)