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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019680 (3)

AMB PROPERTIES, INC.

Principal District		M-160- Add-					
Principal Place of Business		Mailing Address					
4220 INTERLAKE DRIVE TAMPA FL 33624		4220 INTERLAKE DRIVE TAMPA FL 33624-2349					
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1996		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For		
21		26			59-3362345 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired S8.75 Additional Fee Required		
City & State	28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 25	Country 29	Zip	Coun	try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
BRANT, ACIE E 4220 INTERLAKE DRIVE TAMPA FL 33624			1	B1	1 Name		
			Ī	32	Street Address (P.O. Box Number is Not Acceptable)		
			1	33	3		
			Ī	84	4 City FL 85 Zip Code		
11. Pursuant to the provisions	of Sections 607.0502 and	607,1508, Florida Statu	ites, the abo	ove-	ve-named corporation submits this statement for the purpose of changing its registered by the corporation's pour of directors. Thereby accept the appointment as registered		

agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature typical commendiation of registered agont and bits of applicable (NOTE: Registered Agent signature required when reinstating) OATE									
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1011	D D	ELETE	1.1 TITLE	Change Addition					
NAME	BRANT, ACIE E		1.2 NAME						
STREET ADORESS	4220 INTERLAKE DRIVE		1.3 STREET ADDRESS						
(01Y+ST+Z0)	TAMPA FL 33624		1.4 CITY - ST - ZIP						
TITLE	D	ELETE	21 TITLE	Change Addition					
NAME	BRANT, MARIAN E		2.2 NAME	}					
STREET ADDRESS	4220 INTERLAKE DRIVE		2.3 STREET ADDRESS						
C: TY - \$1 - 20P	TAMPA FL 33624		2. 4 CITY-ST-ZIP						
10116	□ Di	ELETE	31 TITLE	Change Addition					
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CHY-S1-ZF			3 4. CITY-ST-ZIP						
THE	□ DI	ELETE	4.1 TITLE	Change Addition					
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
C/TY - ST - ZIP			4.4 CITY-ST-ZIP						
TITLE	DI	ELETE	5.1 TITLE	Change Addition					
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CHY-ST-7:F			5.4 CITY-ST-ZIP						
THELF	DI	ELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
City - S1 - 7iP		-/	6 4 C(TY - \$T - Z)P						

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 from 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 charged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED ON HRINTED NAME OF SIGN

FILED

Apr 15 1997 8:00am

Secretary of State