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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 701996

(1)

1. Corporation Name

THE GREATER MIAMI TAX INSTITUTE INC.



Principal Place of Business

Mailing Address

C/O MARTIN L. SCHECKNER  
9130 S DADELAND BLVD STE 1801  
MIAMI FL 33156  
US

C/O MICHAEL DESAIATO/ MCCLAIN AND CO  
200 S BISCAYNE BLVD. #2800  
MIAMI FL 33131  
US

3. Date Incorporated or Qualified  
02/06/1961

3a. Date of Last Report  
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-6154971

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

10. Name and Address of New Registered Agent

SCHEKNER, MARTIN L.  
9130 S DADELAND BLVD #1801  
MIAMI FL 33156

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE  
NAME STEIN, BERNARD D  
STREET ADDRESS 111 NE 1ST STREET  
CITY - ST - ZIP MIAMI FL

TITLE TD ☐ DELETE  
NAME ROSENBERG, MICHAEL  
STREET ADDRESS 1500 SAN REMO AVE  
CITY - ST - ZIP CORAL GABLES FL

TITLE PD ☐ DELETE  
NAME DICK, BARRY J.  
STREET ADDRESS 3050 BISCAYNE BLVD  
CITY - ST - ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE  
NAME DESAIATO, MICHAEL  
STREET ADDRESS 200 S BISCAYNE BLVD  
CITY - ST - ZIP MIAMI, FL 00000

TITLE VD ☐ DELETE  
NAME PANOFF, ROBERT E.  
STREET ADDRESS 9400 S DADELAND BLVD  
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME SCHECKNER, MARTIN L.  
STREET ADDRESS 9130 S DADELAND BLVD  
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96

Date

(205)377-6667

Daytime Phone #

CR2E037 (12/95)