

**FILE NOW: FILING FEE IS \$61.25**

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 <b>02/06/1961</b>	3a. Date of Last Report <b>06/16/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-6154971</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

**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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STEIN, BERNARD D</b>	
STREET ADDRESS	<b>111 NE 1ST STREET</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSENBERG, MICHAEL</b>	
STREET ADDRESS	<b>1500 SAN REMO AVE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DICK, BARRY J.</b>	
STREET ADDRESS	<b>3050 BISCAYNE BLVD</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DESAITO, MICHAEL</b>	
STREET ADDRESS	<b>200 S BISCAYNE BLVD</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PANOFF, ROBERT E.</b>	
STREET ADDRESS	<b>9400 S DADELAND BLVD</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHECKNER, MARTIN L.</b>	
STREET ADDRESS	<b>9130 S DADELAND BLVD</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-13-96** (205)377-6667  
Date Daytime Phone #

CR2E037 (12/95)