


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 DESIATO/ MCCLAIN AND CO 200 S BISCAYNE BLVD. #2800 MIAMI FL 33131 US

3. Date Incorporated or Qualified 02/06/1961  
4. FEI Number 59-6154971 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 90 MICHAEL DESIATO Suite, Apt. #, etc. 26  
22 200 S. BISCAYNE BLVD #1700 27 SUITE 1700 City & State  
23 MIAMI, FLORIDA 28 Zip Country  
24 33131 25 USA. 29 30

6. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SCHEKNER, MARTIN L.  
9130 S DADELAND BLVD #1801  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, BERNARD D	1.2 NAME	STEPHEN DANNER
STREET ADDRESS	111 NE 1ST STREET	1.3 STREET ADDRESS	1101 BRICKELL AVE, Suite 1402
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL	2.2 NAME	THOMAS O. WELLS.
STREET ADDRESS	1500 SAN REMO AVE	2.3 STREET ADDRESS	100 SOUTHERST 2ND Street, Suite 2800
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, BARRY J.	3.2 NAME	PAUL M. COMMINGS.
STREET ADDRESS	3050 BISCAYNE BLVD	3.3 STREET ADDRESS	1428 BRICKELL AVENUE 4th floor
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAITO, MICHAEL	4.2 NAME	DANNY NELSON
STREET ADDRESS	200 S BISCAYNE BLVD	4.3 STREET ADDRESS	1949 S BISCAYNE BLVD, SUITE 609
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	N. MIAMI BEACH, FLORIDA 33180
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANOFF, ROBERT E.	5.2 NAME	CLIFFORD B. AIN
STREET ADDRESS	9400 S DADELAND BLVD	5.3 STREET ADDRESS	2650 N. E 189 ST
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	AVONTEVA, FLORIDA 33180
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECKNER, MARTIN L.	6.2 NAME	MICHAEL DESIATO
STREET ADDRESS	9130 S DADELAND BLVD	6.3 STREET ADDRESS	200 S. BISCAYNE BLVD STE 1700
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131

14. I 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 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]* MICHAEL DESIATO 4-23-98 (305) 377-8667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CP2E037 (10/97)