

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$303)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:36

DOCUMENT # 728300 (5)

1. Corporation Name

GREATER MIAMI TENNIS FOUNDATION, INC.

Principal Place of Business: 10305 SW 56 AVENUE MIAMI FL 33156-3426
Mailing Address: 10305 SW 56 AVENUE MIAMI FL 33156-3426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1974	3a. Date of Last Report 01/19/1994
4. FEI Number 59-1603794	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**FALES, DONNA
10305 SW 56 AVENUE
MIAMI FL 33156-3426**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ANN	12 NAME	Jim Heacock
STREET ADDRESS	10720 SW 69TH CT.	13 STREET ADDRESS	15980 SW 79 Avenue
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	Miami, FL 33157
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHOLZ, EARL	22 NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA #61	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEACOCK, JIM	32 NAME	Steve Sirota
STREET ADDRESS	11350 SW 127TH ST.	33 STREET ADDRESS	9500 S. Dadeland Blvd. #601
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	Miami, FL 33156
TITLE	SD	41 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWFIELD, MARGATE	42 NAME	Valencia Nichols
STREET ADDRESS	8556 CARLYLE AVE	43 STREET ADDRESS	1101 NW 203 Street
CITY - ST - ZIP	SURFSIDE FL	44 CITY - ST - ZIP	Miami, FL 33169
TITLE	TD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, FLORENCE	52 NAME	
STREET ADDRESS	4720 SW 85TH ST.	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33178	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, STEVE	62 NAME	
STREET ADDRESS	9500 S. DADELAND BLVD. #601	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	64 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)(h), 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: Florence Burnett 6/15/95 1-305-666-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (District/Party)

FLORENCE BURNETT TREASURER

CR2E037 (3/95)