

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 # 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**

3. Date Incorporated or Qualified: **01/21/1974**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1603794**
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
**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 **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	HEACOCK, JIM
STREET ADDRESS	15980 SW 79 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BUCHOLZ, EARL
STREET ADDRESS	2 ALHAMBRA PLAZA #61
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SIROTA, STEVE
STREET ADDRESS	9500 S DADELAND BLVD. #601
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	NICHOLS, VALENCIA
STREET ADDRESS	1101 NW 203 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BURNETT, FLORENCE
STREET ADDRESS	4720 SW 85TH ST.
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> DELETE
NAME	SIROTA, STEVE
STREET ADDRESS	9500 S. DADELAND BLVD. #601
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: *Florence Burnett*
FLORENCE BURNETT - TREASURER 4/10/96 305-666-8103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)