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**Mar 04 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/21/1974	3a. Date of Last Report 04/16/1996
4. FEI Number 59-1603794	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	NICHOLS, VALENCIA	
STREET ADDRESS	1101 NW 203 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BREWER, Lew	
1.3 STREET ADDRESS	14745 SW 83 Place	
1.4 CITY - ST - ZIP	Miami, FL 33158	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANNEAR, Tom	
4.3 STREET ADDRESS	Lipton Championships	
4.4 CITY - ST - ZIP	2 Alhambra Plaza #611 Coral Gables, FL	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUBINOFF, Ed	
5.3 STREET ADDRESS	501 NE First Avenue	
5.4 CITY - ST - ZIP	Miami, FL 33132	
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 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: **Ed Rubino** + **ED RUBINOFF** 2/15/97 806-358-1200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027548

CR2E037 (9/96)