


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90100 030 \*\*\*\*61.25

0032368

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 728300**

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
--	--



2. Principal Place of Business 21 <b>7300 CRANFORD PARK BLVD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>PO BOX 140756</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>01/21/1974</b>
22 City & State 23 <b>Key BISCAYNE, FL</b> Zip Country 24 <b>33149</b> 25 <b>USA</b>	27 City & State 28 <b>CORAL GABLES, FL</b> Zip Country 29 <b>33114</b> 30 <b>USA</b>	4. FEI Number <b>59-1603794</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>FALES, DONNA</b> 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 <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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> <input type="checkbox"/> DELETE	NAME <b>BREWER, LEW</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>14745 SW 83 PLACE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME	
TITLE <b>VD</b> <input type="checkbox"/> DELETE	NAME <b>BUCHHOLZ, EARL</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>2 ALHAMBRA PLAZA #61</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>VP</b> <input type="checkbox"/> DELETE	NAME <b>SIROTA, STEVE</b>	2.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>9500 S DADELAND BLVD. #601</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME <b>Buchholz, Earl</b>	
TITLE <b>S</b> <input type="checkbox"/> DELETE	NAME <b>ANNEAR, TOM</b>	2.3 STREET ADDRESS <b>150 Alhambra Plaza Ste 825</b>	
STREET ADDRESS <b>LIPTON CHAMPIONSHIPS, 2 ALHAMBRA PLZ #611</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	
TITLE <b>TD</b> <input type="checkbox"/> DELETE	NAME <b>RUBINOFF, ED</b>	3.1 TITLE	
STREET ADDRESS <b>501 NE FIRST AVE</b>	CITY-ST-ZIP <b>MIAMI FL</b>	3.2 NAME	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>SIROTA, STEVE</b>	3.3 STREET ADDRESS	
STREET ADDRESS <b>9500 S. DADELAND BLVD. #601</b>	CITY-ST-ZIP <b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>ANNEAR, TOM</b>	4.1 TITLE <b>S</b>	
STREET ADDRESS <b>150 Alhambra Plaza Ste 825</b>	CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	4.2 NAME	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** 1-7-99

CR2E037 (1/199)