

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 # 746199 (9)

1. Corporation Name

FLORIDA TAXWATCH RESEARCH INSTITUTE, INC.



Principal Place of Business

Mailing Address

1114 THOMASVILLE RD.
TALLAHASSEE FL 32303

P O BOX 10209
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified
03/09/1979

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1918055

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

10. Name and Address of New Registered Agent

CALABRO, DOMINIC M
1114 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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
NAME LACHER, JOSEPH P
STREET ADDRESS 150 W. FLAGLER ST. #1901
CITY-ST-ZIP MIAMI FL 33130

DELETE

TITLE PD
NAME CALABRO, DOMINIC M
STREET ADDRESS 1114 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE VCD
NAME MCKENZIE, W GUY
STREET ADDRESS 122 APPELYARD DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32304

DELETE

TITLE TD
NAME FLOOD, THOMAS J
STREET ADDRESS 3003 N. TAMiami TRAIL, SUITE 400
CITY-ST-ZIP NAPLES FL 33940

DELETE

TITLE CD
NAME HODNEY, BYRON E.
STREET ADDRESS 225 WATER ST., 11TH FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32231

DELETE

TITLE CED
NAME MCINTOSH, DAVID
STREET ADDRESS 777 S. FLAGLER DRIVE, #5000
CITY-ST-ZIP WEST PALM BEACH FL 33402

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Secretary / D
Fischer, Louis E.
4545 Pleasant Hill Rd., #114

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Kissimmee, FL
President & CEO / D
Calabro, Dominic M.
1114 Thomasville Road
Tallahassee, FL 32303

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Chairman Emeritus / D
Hollis, Mark C.
1936 George Jenkins Blvd.
Lakeland, FL 33802

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Treasurer / D
O'Toole, William A.
P.O. Box 10,000
Lake Buena Vista, FL 32830

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Chairman / D
McIntosh, David
777 S. Flagler Drive #500
W. Palm Beach, FL 33402

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Chairman-Elect / D
Lacher, Joseph P.
150 W. Flagler St. #1901
Miami, FL 33130

Change Addition

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:

Dominic M. Calabro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
Date

904/222-5052
Daytime Phone #

CR2E037 (12/95)

PS 3/18/96