

FILE NOW: FILING FEE IS \$61.25

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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752474 (7)

1. Corporation Name
GREATER MIAMI SKI CLUB



Principal Place of Business: 1780 N.W. 94 AVE. MIAMI FL 33172
Mailing Address: C/O PAUL FELLER 9468 PALM CIRCLE S. PEMBROKE PINES FL 33025-1195

3. Date incorporated or Qualified: 05/14/1980
3a. Date of Last Report: 02/07/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
			65-0060231	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25		29		
26		30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FELLER, PAUL 9468 PALM CIRCLE S PEMBROKE PINES FL 33025		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	15250 NW 6 CT
		83	
		84 City	Pembroke Pines
		85 Zip Code	FL 33028

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSER, JAMES	1.2 NAME	
STREET ADDRESS	9730 N.W. 51 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMENTA, MIKE	2.2 NAME	
STREET ADDRESS	1623 COLLINS AVE., #415	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLER, PAUL	3.2 NAME	
STREET ADDRESS	9468 PALM CIRCLE S.	3.3 STREET ADDRESS	15250 NW 6 CT
CITY-ST-ZIP	PEMBROKE PINES FL 33025	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT	4.2 NAME	
STREET ADDRESS	7901 S.W. 139TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Luzoro	5.2 NAME	
STREET ADDRESS	7971 NW 181 Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anne Marie Turnage	6.2 NAME	
STREET ADDRESS	4741 Fountainblau Blvd	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	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: _____ DATE: 1/19/97 DAYTIME PHONE: 305-884-3700

CR2E037 (9/96)