| FII | E NO | JW- | FIL | ING | FFF | 18 | \$61 | 25 |
|-------|--------|-----|-----|-----|-----|----|------|--------------|
| 1 1 4 | -L 191 | | | | 1 | 10 | wui | . _ U |

| | FILE NOW: FILI | NG FEE IS | \$61.25 | ¬¬ ′ | |
|---|---|------------------------------------|--|--|---|
| CORPORATION Sandra E | | | DEPARTMENT OF STATE and of the state and state | | |
| ANNUAL REPORT Secretar | | | ecretary of State I OF CORPORATIONS | | |
| | MENT # 741829 | 9 (6) | - | _ | |
| | RUNNERS, INC. | ` ' | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ionneno, mo | | | | |
| Principal Place | of Business | Mailing Address | | | 77 O 1011 O 1016 A 1664 O 1011 O 1044 O 1011 1001 |
| 7920 S W 40 MIAMI FL 3315 | | 7920 S W 40 STRI MIAMI FL 33155 | EET | | |
| | | | | 3. Date Incorporated or Qualified 02/24/1978 | 3a. Date of Last Report 05/16/1995 |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. # | f. etc. | Suite, Apt. #, etc | | 51-0226283 | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | Crty & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for inta | angible tax under s. 199.032, Yes XNo |
| :9[| 9. Name and Address of Curren | | | 10. Name and Address of New Reg | |
| BI 11100 | IODOF A | | 81 Name | ELLIE NORWITCH | |
| | ,JORGE A. ! 115 PL UNIT F | | 62 Street Addr | a 3720 GW926A VENUEMDE) MIAMI 3 | 12 3176 |
| MIAM! FL | . 33173 | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| 1. Pursuant to | o the provisions of Sections 617.0502 | 2 and 617.1508, Florida S | tatutes, the above-named corpor | ation submits this statement for the purpord of directors. I hereby accept the appoin | |
| | h and appent the obligations of Sept | ion 617.0503, Florida Sta | itutes. | or directors. Phoroby accept the appoint | 7/0/0/ |
| SIGNATURE | Signature ded or printed name of registered agent | | (NOTE: Flegistered Agent signature recjuired | | DA19 8/76 |
| 12. | OFFICERS ANI | ID DIRECTORS KIDELETE | 13. | ADDITIONS/CHANGES TO OFFICE STIMPSON, ANKE | ERS AND DIRECTORS IN 12 Change Addition |
| NAME | SMITH, JOANN | А | 1.2 NAME | 7820 SW 157 TERR |) |
| STREET ADDRESS | 1205 MARIPOSA AVE #206 CORAL GABLES FL | | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | MIAMI, FL 33157 00000189 | ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change |
| CITY-ST-ZIP TITLE | EQ | DELETE | 2.1 TITLE | -07/17/960102 | 3U4B hange Addition |
| NAME | BLANCO, JORGE A | - 1 | 2 2 NAME | ***61.25 | |
| STREET ADDRESS CITY-ST-ZIP | 6977 SW 145 PL UNIT F MANUEL 33173 | | 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP | NORWITCH, ELLIE | |
| TITLE | P/D |) DE LETE | 31 TITLE | ▶13120 SW 92 AVE #D112 | Change M Addition |
| NAME STREET ADDRESS | STANIEWICZ, JOE 8845 S.W. 99TH STREET | | 3 3 STREET ADORESS | MIAMI, FL 33176 | |
| CITY-ST-ZIP | MIAMI FL | TOFI CT | 3 4 CITY-ST-ZIP | MAGRAM, GARY | A A |
| TITLE NAME | T/D Marshall, John | DELETE | 41 TITLE 1 /4 2 NAME | 10121 SW 141 ST | Change Addition |
| STREET ADDRESS | 8100 SW 163RD CT | | 4.3 STREET ADDRESS | MIAMI, FL 33176 | |
| CITY-ST-ZIP TITLE | MIAMI FL. | DELETE | 4.4 CITY-ST-ZIP 5 1 TiTLE | STANIEWICZ, JOE | Change R Addition |
| NAME | MIKE BECKER | | 52 NAME | 8845 SW 99 ST | |
| STREET ADDRESS | 13874 SW 102 LN | | 5.3 STREET ADDRESS | MIAMI, FL 33176 | |
| CITY - ST - ZIP TITLE | MIAMI FL 33157 | DELETE | 54 CITY-ST-ZIP 61 TITLE | V | Change Addition |
| NAME | | | 6.2 NAME | SMITH, JOANN 1205 MARIPOSA AVE #20 | 7/_ |
| STREET ADDRESS CITY-ST-ZIP | | | 6 3 STREET ADDRESS 6 4 City - St - Zip | CORAL GABLES, FL 331 | /// |
| 14. I do hereb | t the information indicated on this appli | report or supplementa | y furnished and does not qualify f | for the exemption stated in Section 119.07 ate and that my signature shall have the sa | 7(3)(k), Florida Statutes. I further |
| oath; that | I am an officer or director of the corpo Block 12 or Block 13 if changed, or i | oration or the receiver or t | trustee empowered to execute thi | is report as required by Chapter 617, Flori | da Statutes; and that my name |
| SIGNAT | B 1 | Voutoh. | | 20 | 05/387-1500 Daytine Priore # |
| JIGNAI | SISMATURE AND TYPED O | A PRINTED NAME OF SIGNING | OFFICER OR DIRECTOR | Date | Daytime Phone # |
| | ~ | | | | \ \ |