

FILE NOW: FILING FEE IS \$61.25

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May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741829** (6)

1. Corporation Name

**MIAMI RUNNERS, INC.**

Principal Place of Business

Mailing Address

**7920 S W 40 STREET  
MIAMI FL 33155**

**7920 S W 40 STREET  
MIAMI FL 33155-6743**



3. Date Incorporated or Qualified **02/24/1978** 3a. Date of Last Report **07/17/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>51-0226283</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORWITCH, ELLIE  
13120 SW 92 AVE.  
#D-112  
MIAMI FL 33176**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	<b>16232 SW 92 AVE.</b>
83 City	<b>MIAMI FL</b>
84 Zip Code	<b>33157</b>

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>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>S/D GAIL LYNCH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STIMPSON, ANKE</b>	1.2 NAME	
STREET ADDRESS	<b>7820 SW 157 TERR.</b>	1.3 STREET ADDRESS	<b>15750 SW 252 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	1.4 CITY-ST-ZIP	<b>HOMESTEAD, FLA 33031</b>
TITLE	<b>P/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORWITCH, ELLIE</b>	2.2 NAME	
STREET ADDRESS	<b>13120 SW 92 AVE., #D-112</b>	2.3 STREET ADDRESS	<b>16232 SW 92 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	2.4 CITY-ST-ZIP	<b>MIAMI FLA 33157</b>
TITLE	<b>T/D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGRAM, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>10121 SW 141 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D ELIZABETH THOMAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANIEWICZ, JOE</b>	4.2 NAME	
STREET ADDRESS	<b>8845 SW 99 STREET</b>	4.3 STREET ADDRESS	<b>16052 SW 117th</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	4.4 CITY-ST-ZIP	<b>MIAMI FL 33186</b>
TITLE	<b>V/D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, JOANN</b>	5.2 NAME	<b>Doris Sporge-Wells</b>
STREET ADDRESS	<b>1205 MARPIOSA AVE., #206</b>	5.3 STREET ADDRESS	<b>9771 SW 48th</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	5.4 CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Ellie Norwitch* **REQUIRE** *Ellie Norwitch* **1/8/97** **256-7506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)