FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 APR 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748658 (2)

1. Corporation Name
SOUTH FLORIDA STRIDERS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US	POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2512012 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITAKER, CECIL
3311 CLEVELAND ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WOLVEN, FRED	1.2 NAME		
STREET ADDRESS	11305 NE 10TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LORDEUS, LEOCHEL	2.2 NAME		
STREET ADDRESS	850 NE 180TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TALBOTT, LINDA	3.2 NAME		
STREET ADDRESS	1530 HAMMOND DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T/S	☒ Change ☐ Addition
NAME	GUIJARRO, RAFAEL	4.2 NAME		
STREET ADDRESS	1580 HAMMOND DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	REUTER, WES	5.2 NAME	Abbate, Kevin	
STREET ADDRESS	910 NE 143RD STREET	5.3 STREET ADDRESS	921 Sevilla Circle	
CITY-ST-ZIP	NORTH MIAMI FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33326	
TITLE	P	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TALBOTT, CARLOS	6.2 NAME	McConnell, Doug	
STREET ADDRESS	1580 HAMMOND DR	6.3 STREET ADDRESS	18225 NW 21 St.	
CITY-ST-ZIP	MIAMI SPRINGS FL	6.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33029	

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: Rafael Guijarro Rafael Guijarro (T/S) 4/10/95 (305) 592-5360 x285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607A087

748658

CAT

Pantropic Power Products, Inc.

Additional list of Officers
1995 South Florida Striders

1. VP

Woods, Karen
19244 NW 67 Place
Miami, Fl. 33015

2. D

Keno, Brian
3117 Peachtree Circle
Davie, Fl. 33328

3. D

Ramos, Robin
3100 Peachtree Circle
Davie, Fl. 33328

Miami
8205 NW 58 Street
Miami, FL 33166-3406
(305) 592-4944
(800) 237-2945
FAX (305) 477-1943

West Palm Beach
5460 Okeechobee Boulevard
West Palm Beach, FL 33417-4587
(407) 640-0818
(800) 543-6906
FAX (407) 683-4591

Fort Myers
13985 S Tamiami Trail
Fort Myers, FL 33912-1699
(813) 482-5888
(800) 682-5155
FAX (813) 481-3076