| | FILE | NOW: FILI | NG | FEE IS \$ | 61.25 |) | | | | | 127 | |
|--|---|--------------------------------------|----------|--|-----------------|---|--------------------------|-------------------|---|---|------------------------------------|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1996 | | | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | | |
| DOCUMENT # 748658 (2) | | | | | | | | | | | | |
| • | | A STRIDERS, INC. | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | - 1989) 1989) 1889) 1878 | JI BIBN DADIL BURU DAJ | | |
| POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US | | | | | | | | | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 08/27/1979 | 3a. Date of Last 04/24/1 | | |
| 2. Principal Place of Business 2a. Mailing Address 21 | | | | | | | 4. FEI Number 59-2512012 | | | | Applied For Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | | | | | 5 Additional Required | | |
| City & State City & State 28 | | | | | | Trust Fund Contribution Added to | | | 0 May Be ed to Fees | | | |
| ∠iρ 24 | Zip Country Zip Cour 25 29 30 | | | | | | Florida Statutes | | | | | |
| | 9. Name | and Address of Curren | Registe | ered Agent | | 04 | Manne | | 10. Name and Address of New Reg | istered Agent | | |
| WHITAKER, CECIL 3311 CLEVELAND ST | | | | | | 81 | Name | | | | | |
| | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| HOLLYWOOD FL 33021 | | | | | | 83 | | | | | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered section both in the State of Florida Such provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered section both in the State of Florida Such provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered sections of Sections 617.0502 and 617.1508, Florida Statutes, the or registered sections of Sections 617.0502 and 617.1508, Florida Statutes, the or registered sections of Sections 617.0502 and 617.1508, Florida Statutes, the or registered sections 617.0502 and 617.1508, Florida Statutes, the or registered sections 617.0502 and 617.1508, Florida Statutes, the or registered sections 617.0502 and 617.1508, Florida Statutes, the or registered sections 617.0502 and 617.1508, Florida Statutes, the or registered sections 617.0502 and 617.1508, Florida Statutes, the or registered sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617.1508, Florida Statutes, the organization of Sections 617.0502 and 617. | | | | | | 84 | City | | | }- | p Code | |
| | | | | | | ove-r corp | named co pration's | orporati board | ion submits this statement for the purpo of directors. I hereby accept the appoint | se of changing its i tment as registered | registered office I agent. I am | |
| iairiilai wi | ith, and accep | t the obligations of, Section | on 617,0 | 503, Florida Statul | tes. | | | | • | · · | v | |
| SIGNATURE | Signature, typed o | r printed name of registered agent (| | | NOTE Registere | d Ágen | t signature r | equired w | hen reinstating) | DATE | | |
| 12. | D | OFFICERS AND | DIRECT | | 13. | | | т | ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE NAME | WOLVEN | FRED | | DEFFELE | 1.1 7 | | | D | | Change | Addition | |
| STREET ADDRESS | | E 10TH AVE | | | 1.2 N | | ANDOLGG | | | | | |
| CITY-ST-ZIP | BISCAYNE PARK FL | | | | | 1.3 STREET ADDRESS 1.4 City-St-Zip | | | | | | |
| TITLE | D | | | DELETE | 2.1 T | | | | **** | Change | Addition | |
| NAME | | S, LEOCHEL | | | 2.2 N | AME | | : | | _ • | _ | |
| STREET ADDRESS | | 80TH ST. | | | 2.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | MAMI BEACH FL | | | | HŢY-S | T-ZIP | ļ | | | | |
| TITLE NAME | D Talbott | LINDA | | DELETE | 3.1 T | | | | | Change | Addition | |
| STREET ADDRESS | | MMOND DRIVE | | | 3.2 N | | 4055555 T | | | | | |
| CITY-ST-ZIP | | PRINGS FL | | | 4 | | ADDRESS | | | | | |
| TITLE | TS | | | DELETE | 3.4. U 4.1 T | ITY-S | I-ZIP | T | | Change | Addition | |
| MAME | | O BAFAFI | | | 4.7 | | | _ | | All change | | |

3100 PEACHTREE CIRCLE PEMBROKE PINES FL 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify the the pool stated in 3.3 (A). 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

KENO, BRIAN

RAMOS, ROBIN

۷P

3117 PEACHTREE CIRCLE

DAVIE, PL. 33328

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

1580 HAMMOND DR

921 SEVILLA CIRCLE

FT LAUDERDALE FL

MCCONNELL, DOUG

18225 NW 21 ST

MIAMI SPRINGS FL

ABBATE, KEVIN

If I E. July - RAFAEL E. GUIJARO - TREASURER

DELETE

DELETE

(35)592-S360 x205 on 1.800-821-866 Deptime Phone 1 x285

Change

Change

Addition

Addition

ADDITIONAL LIST OF OFFICERS 1996 SOUTH FLORIDA STRIDERS

1. s

DOZORETZ, JENETTE 740 SW 158TH TERRACE SUNRISE, FL. 33326

2. D

DOZORETZ, BOB 740 SW 158TH TERACE SUNRISE, FL. 33326

3. D

NEWMAN, JUDY 2101 S OCEAN DRIVE #1906 HOLLYWOOD, FL. 33019