


FILE NOW: FILING FEE IS \$61.25

FILED

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 # **748658** (2)  
1. Corporation Name  
**SOUTH FLORIDA STRIDERS, INC.**



Principal Place of Business <b>POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US</b>	Mailing Address <b>POST OFFICE BOX 661335 MIAMI SPRINGS FL 33266-1335 US</b>
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3. Date Incorporated or Qualified <b>08/27/1979</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2512012</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITAKER, CECIL  
3311 CLEVELAND ST  
HOLLYWOOD FL 33021**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL 05 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(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>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOLVEN, FRED</b>	1.2 NAME	<b>NEWMAN, JUDY</b>
STREET ADDRESS	<b>11305 NE 10TH AVE</b>	1.3 STREET ADDRESS	<b>2101 S. OCEAN DRIVE, #1906</b>
CITY-ST-ZIP	<b>BISCAYNE PARK FL</b>	1.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORDEUS, LEOCHEL</b>	2.2 NAME	<b>DOZORETZ, BOB</b>
STREET ADDRESS	<b>850 NE 180TH ST.</b>	2.3 STREET ADDRESS	<b>16790 BLATT PL, UNIT 2</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALBOTT, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>1580 HAMMOND DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIJARRO, RAFAEL</b>	4.2 NAME	
STREET ADDRESS	<b>1580 HAMMOND DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENO, BRIAN</b>	5.2 NAME	<b>ADDRESS</b>
STREET ADDRESS	<b>3117 PEACHTREE CIRCLE</b>	5.3 STREET ADDRESS	<b>3021 NE 16TH AVENUE</b>
CITY-ST-ZIP	<b>DAVE FL</b>	5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33334</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMOS, ROBIN</b>	6.2 NAME	
STREET ADDRESS	<b>3100 PEACHTREE CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVE FL</b>	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: *Rafael E. Gujarrro* **TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 1-954-851-7145  
Date Daytime Phone # 0034158

CR2E037 (9/96)

ADDITIONAL OFFICERS

①

DIRECTOR

DOZORETZ, JENETTE

16790 BLUFF PL, UNIT 2

PT LAUDERDALE, FL. 33326

②

DIRECTOR

DIEZ, MIGUEL

1915 CLEVELAND ST

HOLLYWOOD, FL. 33020

③

③

DIRECTOR

DUBIN, NEIL  
~~XXXXXXXXXX~~

4161 NW 66TH AVENUE

CORAL SPRINGS, FL. 33067

④

DIRECTOR

HEALY, DAN

107 S. STATE ROAD 7

PLANTATION, FL. 33317

⑤

DIRECTOR

GATES, GARY

2841 NE 8TH ST

POMPANO BEACH, FL. 33062