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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748658

1. Corporation Name

SOUTH FLORIDA STRIDERS, INC.

Principal Place of Business  
P O BOX 822233  
SOUTH FLORIDA FL 33082-2333  
US

Mailing Address  
P O BOX 822233  
SOUTH FLORIDA FL 33082-2333  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/27/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2512012
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D	1.1 TITLE	D
NAME	DOZCRETZ, JENETTE	1.2 NAME	Doig, Susan
STREET ADDRESS	16790 BLATTT PL UNIT 2	1.3 STREET ADDRESS	1725 NE 7th Street
CITY-ST-ZIP	FT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33301
TITLE	S	2.1 TITLE	S
NAME	DOZORETZ, BOB	2.2 NAME	Asher, Mary
STREET ADDRESS	16790 BLATT PL UNIT 2	2.3 STREET ADDRESS	7150 NW 48th Court
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Lauderhill, FL 33319
TITLE	D	3.1 TITLE	VP
NAME	DUBIN, NEIL	3.2 NAME	Title
STREET ADDRESS	4161 N W 66TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	P
NAME	GUIJARRO, RAFAEL	4.2 NAME	Title
STREET ADDRESS	15426 N W 14TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	D
NAME	KENO, BRIAN	5.2 NAME	
STREET ADDRESS	3021 NE 16TH AVE	5.3 STREET ADDRESS	3117 Peachtree Circle
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	Davie, FL 33328
TITLE	VP	6.1 TITLE	T
NAME	RAMOS, ROBIN	6.2 NAME	Wagner, Bill
STREET ADDRESS	3100 PEACHTREE CIRCLE	6.3 STREET ADDRESS	3503 Thomas Street
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	Hollywood, FL 33020

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

748658

389818-90158-43

List of additional Board of Directors

1. Director

Diez, Miguel  
1915 Cleveland Street  
Hollywood, FL 33020

2. Director

Gates, Gary  
9515 Toledo Lane  
Ft Lauderdale, FL 33324-5914

3. Director

Miller, Alan  
9004 SW 51st Place  
Cooper City, FL 33328

4. Director

Weinert, Ed  
1915 Cleveland Street  
Hollywood, FL 33020