

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000060016 (9)**

1. Corporation Name

**FRONT RUNNERS, INC.**



Principal Place of Business

**7740 N.W. 63RD AVENUE  
PARKLAND FL 33067**

Mailing Address

**7740 N.W. 63RD AVENUE  
PARKLAND FL 33067**

3. Date Incorporated or Qualified

**08/03/1995**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FET Number

**65-0606165**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**PARK, CYNTHIA  
7740 N.W. 63RD AVENUE  
PARKLAND FL 33067**

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

Signature typed or printed name of registered agent, if applicable

Date of Registered Agent Signature, required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBA, NANCY</b>	
STREET ADDRESS	<b>% 7740 N.W. 63RD AVE.</b>	
CITY - ST - ZIP	<b>PARKLAND FL 33073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ASHBRIDGE, SUSAN</b>	
STREET ADDRESS	<b>% 7740 N.W. 63RD AVE.</b>	
CITY - ST - ZIP	<b>PARKLAND FL 33073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, CINDY</b>	
STREET ADDRESS	<b>% 7740 N.W. 63RD AVE.</b>	
CITY - ST - ZIP	<b>PARKLAND FL 33073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FEGERS, VICKI</b>	
STREET ADDRESS	<b>% 7740 N.W. 63RD AVE.</b>	
CITY - ST - ZIP	<b>PARKLAND FL 33073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PARK, CYNTHIA</b>	
STREET ADDRESS	<b>% 7740 N.W. 63RD AVE.</b>	
CITY - ST - ZIP	<b>PARKLAND FL 33073</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Vicki G. Fegers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VICKI G. FEGERS, DIRECTOR**

*5/17/96*

Date

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