

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060016 (9)

1. Corporation Name  
FRONT RUNNERS, INC.

Principal Place of Business  
7740 N.W. 63RD AVENUE  
PARKLAND FL 33067

Mailing Address  
P.O. BOX 24148  
FT LAUDERDALE FL 33307  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/03/1995

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2032 Coral Gardens Drive
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Wilton Manors, FL
24 Country	29 33306
25	30 USA

4. FEI Number	Applied For
65-0606165	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BARBA, NANCY
STREET ADDRESS	% 7740 N.W. 63RD AVE.
CITY-ST-ZIP	PARKLAND FL 33073
TITLE	D <input type="checkbox"/> DELETE
NAME	ASHBRIDGE, SUSAN
STREET ADDRESS	% 7740 N.W. 63RD AVE.
CITY-ST-ZIP	PARKLAND FL 33073
TITLE	D <input type="checkbox"/> DELETE
NAME	STEVENS, CYNTHIA
STREET ADDRESS	% 7740 N.W. 63RD AVE.
CITY-ST-ZIP	PARKLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FEGERS, VICKI
STREET ADDRESS	% 7740 N.W. 63RD AVE.
CITY-ST-ZIP	PARKLAND FL 33073
TITLE	D <input type="checkbox"/> DELETE
NAME	PARK, CYNTHIA
STREET ADDRESS	% 7740 N.W. 63RD AVE.
CITY-ST-ZIP	PARKLAND FL 33073
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 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 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 Vicki G. Fegers 4/28/98 (954) 565-8393

CP2E034 (10/97)