

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90171 001 \*\*\*158.75

DOCUMENT # P96000033875  
i. Corporation Name  
PANTHER HEADWAY, INC.



Principal Place of Business Mailing Address  
4620 N STATE ROAD 7 SUITE 300 LAUDERDALE FL 33319  
155 S MIAMI AVE STE 1150 MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4700 N. State Road 7 Suite 106  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Incorporated or Qualified  
04/18/1996  
4. FEI Number  
65-0663320  
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 owes the current year Intangible Personal Property Tax.  
Yes No

9. Name and Address of Current Registered Agent  
KRINSKY, J  
155 S MIAMI AVE  
STE 1150  
MIAMI FL 33130  
*same person - misspelled*

10. Name and Address of New Registered Agent  
81 Name  
Krinsky, J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite PH-2A  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRINSKY	
STREET ADDRESS	4620 N STATE ROAD 7, SUITE 300	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIRLIN, DANIEL	
STREET ADDRESS	4620 N STATE ROAD 7, SUITE 300	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Krinsky, Jeff
1.3 STREET ADDRESS	155 S. Miami Ave, Suite PH-2A
1.4 CITY-ST-ZIP	Miami, FL 33130
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	155 S. Miami Ave, Suite PH-2A
2.4 CITY-ST-ZIP	Miami, FL 33130
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, with all other like empowered.

SIGNATURE: X *[Signature]* DATE: 4/16/99 DAYTIME PHONE #: 305 374 5488

CR2E034 (11/98)