## 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

## DOCUMENT # **P96000092363**

1. Corporation Name

PANTHER PAYPHONES, INC.

Principal Place of Business							
-	SW 130 AVE						

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90166 033 \*\*\*150.00



Principal Place	e of Business	Mailing Address				ł			
11701 SW 130 AVE		11701 SW 130 AVE	11701 SW 130 AVE						
MIAMI FL 33186	3	MIAMI FL 33186							
						DO NOT WRITE II	THIS SPACE		
						3. Date Incorporated or Qualifed			
						11/12/1996			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26	26			65-0737079	<del></del>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27	27			3. 0002	Fee F	Required	
City & State		City & State	City & State			6. Election Campaign Financing		🕽 May Be	
23		28				Trust Fund Contribution	Addec	to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current			
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		Ĺ		10. Name and Address of New Regis	stered Agent		
				81	Name		•		
CRO	OK, KENT D			82	Ctroot Adde	ress (P.O. Box Number is Not Acceptable)			
1170	11 SW 130 AVE			02	Street Addr	ess (F.O. Box Number is Not Acceptable)	•		
MIAN	AI FL 33186			83			and the second	•	
				84	City	<u> </u>	85 Zip	Code	
					1		FL   '		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the a	bove	e-named corp	oration submits this statement for the purp	lose of changing if	s registered	
office or n	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was rations of, Section 607,0505, F	lorida Stat	ı by utes	tne corporation.	on's board of directors. I hereby accept the	appointment as i	egistored	
_	in tallinar was, and accept me obs.	,							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered	Agen	nt signature required	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	☐ DELETE	1.1 TI	īLΕ		• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition	
NAME	CROOK, KENT D		1.2 N	AME		•	•	}	
STREET ADDRESS	11701 SW 130 AVE		1.3 \$1	REET	T ADDRESS		,		
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-SI	T-ZIP				
TITLE		☐ DELETE	2.1 ΤΙ				☐ Change	Addition	
NAME		_	2.2 N	AMF.	1				
					ADDRESS .		بسويون		
STREET ADDRESS					ST-ZIP		-	ĺ	
CITY-ST-ZIP		☐ DELETE	2.4 C		11-ZIP		Change	Addition	
TITLE		☐ DETE IC				,	- السام		
NAME			3.2 N						
STREET ADDRESS					FADDRESS			i	
CITY-ST-ZIP		(T) as ste			IT-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 (1)				∵ cuande		
NAME			4.2 N						
STREET ADDRESS			4.3 S	TREET	T ADDRESS		•		
CITY-ST-ZIP			4 4 Ci	TY-\$1	T-ZIP				
TITLE		DELETE	5.1 TJ				☐ Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	REET	T ADDRESS			}	
CITY-ST-ZIP			5.4 CI	TY-S1	T-ZIP	•			
TITLE		☐ DELETE	6.1 TI	TLE			Change	Addition	
NAME			6.2 N	AME					
STREET ADDRESS			63 S	TREET	ADDRESS				

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.

6.4 CITY-ST-ZIP