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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90171 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000097884

1. Corporation Name
PANTHER 441, INC.



Principal Place of Business
**4620 NORTH STATE ROAD 7
 SUITE 300
 FT. LAUDERDALE FL 33319**

Mailing Address
**155 S MIAMI AVE
 STE 1150
 MIAMI FL 33130
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1996

2. Principal Place of Business

21 **4700 N. State Road 7**

Suite, Apt. #, etc.
Suite 106

23 City & State
 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
Suite PH-2A

27 City & State
 Zip Country

4. FEI Number
65-0721091

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**

10. Name and Address of New Registered Agent

81 Name
 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

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 **PD** DELETE
 NAME **KRINSKY, JEFF**
 STREET ADDRESS **4600 N STATE ROAD 7, SUITE 300**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VD** DELETE
 NAME **SIRLIN, DANIEL**
 STREET ADDRESS **4620 NORTH STATE ROAD, SUITE 300**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **155 S. Miami Ave., Suite PH-2A**
 1.4 CITY-ST-ZIP **Miami, FL 33130**

2.1 TITLE Change 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 Change Addition
 3.2 NAME
 3.3 STREET ADDRESS

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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]**
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
 Date

305 374-5455
 Daytime Phone #

CR2E034 (11/98)