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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90420 (5) PANTHER MOTORS INC. Principal Place of Business Mailing Address											
15248 U.S. 41 S FT MYERS FL 3 US		15248 U.S. 41 S. FT MYERS FL 33908-4207 US									
00							3. Date Incorporated or Qualified 07/27/1990	3a. Date of L 03/19/19		port	
	lace of Business		2a. Mailing Address				4. FEI Number 65-0271981		_+	lied For Applicable	
Suite, Apt	#, etc.	26 Su	Suite, Apt. #, etc.					□ \$8.		dditional	
22		27					5. Certificate of Status Desired	L F	ee Req	ulred	
City & State		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	25 28 30			country		8. This corporation has liability for interemble tax under s. 199.032, Florida Statutes				
	9. Name and Address of Currer	nt Registere	ed Agent		61	Name	10. Name and Address of New Re	istered Agent			
	VCELL, GARY			Ţ							
SUIT	8 US HWY 41 S				82	Street Addre	dress (P.O. Box Number is Not Acceptable)				
	IYERS FL 33908										
, ,				}	84	City	· · · · · · · · · · · · · · · · · · ·	85	Zip C	nde	
								<u> </u>			
office or n agent. Lar SIGNATURE	ogistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. ations of, Se	Such change was action 607.0505, Fi	authorized orida Stati	l by ites	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	t the appointme	nt as n	egistered	
12.	Stig-atrue Typod or printed can e of registered ago OFFICERS AN			E Registered	Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIREC	CTORS	S IN 12	
TITLE	PTD		DELETE	1.1 707	LE			☐ Ch		Addition	
NAME	FRANCELL, GARY		1.2 N		1.2 NAME						
STREET ADDRESS	15248 US HWY 41 S #G	The state of the s			1.3 STREET ADDRESS						
CITY-ST-7IP	FT MYERS FL				1.4 CiTY-ST-ZiP			Chi		Addition	
TIPLE NAME			[Deceie		1 TITLE 2 NAME			الله ليسا	ai Be	Applicati	
STREET ADDRESS						ADDRESS					
CITY - \$1 - Zip					2.4 CITY-ST-ZIP						
TITLE				3 1 TH				Chi	ange	Addition	
NAME				3.2 NA	ME					i	
STREET ADDRESS						ADDRESS					
CITY - \$1 - ZIF TITLE		······································	DELETE	3.4. CITY - 4.1 TITLE		IT-ZIP		Ch	anne	Addition	
NAME.			DECC.	4. 2 N/				L., 5	,,,gc		
STREET ADDRESS				1		ADDRESS					
COLV - ST - ZIP	_			4.4 CITY~		T-ZIP					
TITLE			DELETE	5.1 TITLE				Ch	ange	Addition	
NAME				52 NA							
STREET ADDRESS						ADDRESS					
CITY+S1+ZiP TiTLE			DELETE	5.4 CITY -		1-28		Ch	ange	Addition	
NAME				6.2 NA					U -		
STHEET ADDRESS						ADDRESS					
0/1Y - \$1 - 2/P				6.4 CI	Y-\$1	1 - ZIP					
14. I do heret informatio I am ari o appears i	by certify that the information supplied indicated on this annual report or afficer or director of the observation of the softwarefor of the softwarefor of the softwarefor of the softwarefor of the softwareform.	ed with this f supplement the receive or on an atta	illing does not qual al annual report is a of trustee empor chusent with an ad	ify for the true and a wered to e dress.	exe iccu xec	mption stated irate and that lute this report	in Section 119.07(3)(i), Florida Statute: my signature shall have the same lega t as required by Chapter 607, Florida S	s. I further cert fy I effect as if mad tatutes; and that	that the und implication that the that the that the that the the that the theta the that the theta the the that the the that the theta the	he er oath; that ame	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-433-0889

FILED

Apr 25 1997 8:00am

Secretary of State

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