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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005901 (1)

1. Corporation Name

PANTHER BANK PARENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

200 NW DOUGLAS RD  
PEMBROKE PINES FL 33024

200 NW DOUGLAS RD  
PEMBROKE PINES FL 33024-6416

3. Date Incorporated or Qualified  
11/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUE, SUSIE L  
200 NW DOUGLAS RD  
PEMBROKE PINES FL 33024

81 Name

RUE, SUSIE

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Susan L. Rue*  
Signature typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME RUE, SUSIE L  
STREET ADDRESS 9820 HEATHER LN  
CITY-ST-ZIP MIRAMAR FL 33025

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV  
NAME GRECO, LYNN  
STREET ADDRESS 10472 NW SIXTH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33025

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS  
NAME CARRENO, GAIL  
STREET ADDRESS 8430 NW THIRD ST  
CITY-ST-ZIP PEMBROKE PINES FL 33025

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan L. Rue*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

Daytime Phone # 0023728

CR2E037 (9/96)