

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90005 016 ****70.00

DOCUMENT # N98000001278

1. Corporation Name

PANTHER WRESTLING CLUB, INC.

Principal Place of Business

4013 FOUNTAINHEAD CIR. #119
KISSIMMEE FL 33741

Mailing Address

4013 FOUNTAINHEAD CIR. #119
KISSIMMEE FL 33741



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1776 Quail Ridge loop	26	1776 Quail Ridge loop	03/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-350 3266	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Kissimmee FLORIDA	28	Kissimmee Florida	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	34744	29	34744	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWERY, REMBERT L
3535 1ST AVE N
ST PETERSBURG FL 33713

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, GORDON L	1.2 NAME	Lowery, Gordon L
STREET ADDRESS	401 FOUNTAINHEAD CIR, #229	1.3 STREET ADDRESS	1776 Quail Ridge Loop
CITY-ST-ZIP	KISSIMMEE FL 33741	1.4 CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANIGAN, BRIAN	2.2 NAME	Gomrad, Scott
STREET ADDRESS	401 FOUNTAINHEAD CIR, #254	2.3 STREET ADDRESS	5554 Metrowest Blvd #211
CITY-ST-ZIP	KISSIMMEE FL 33741	2.4 CITY-ST-ZIP	Orlando FLORIDA 32811
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIVETTE, SEAN	3.2 NAME	Fulmore, Jason
STREET ADDRESS	3519 5TH ST	3.3 STREET ADDRESS	2205 Polo Club Drive #201
CITY-ST-ZIP	ST CLOUD FL 34769	3.4 CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99
Date

407 846 6112
Daytime Phone #

CR2E037 (5/99)