

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90171 012 ***150.00

DOCUMENT # P92000008428

1. Corporation Name

FLORIDA PANTHERS HOCKEY CLUB, INC.

Principal Place of Business

100 NE THIRD AVE.
10TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address

100 NE THIRD AVE.
10TH FLOOR
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

65-0379490

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

2. Principal Place of Business

21 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 Suite 1400

City & State

23 Ft. Lauderdale, FL

Zip

Country

24 33301

25

2a. Mailing Address

26 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

27 Suite 1400

City & State

28 Ft. Lauderdale, FL

Zip

Country

29 33301

30

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
1 S.E. 3RD AVENUE
27TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 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	VT	<input type="checkbox"/> DELETE
NAME	DAURIA, STEVEN	
STREET ADDRESS	100 N.W. THIRD AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, DEAN J	
STREET ADDRESS	100 NE THIRD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURRAY, BRYAN	
STREET ADDRESS	100 NE THIRD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HUIZENGA, H W	
STREET ADDRESS	100 NE THIRD AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHON, RICHARD C	
STREET ADDRESS	100 NE THIRD AVE., 10TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TORREY, WILLIAM	
STREET ADDRESS	100 NE THIRD AVE., 10TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	450 E. Las Olas Blvd., #1400
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SV Richard L. Handley
2.3 STREET ADDRESS	450 E. Las Olas Blvd. #1500
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	450 E. Las Olas Blvd., #1500
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	450 E. Las Olas Blvd., #1500
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	450 E. Las Olas Blvd., #1500
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	450 E. Las Olas Blvd., #1400
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)