


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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT #</b> P93000016898 1. Corporation Name <b>2301 SE 17TH ST, INC.</b> <b>*c/o Florida Panthers Holdings, Inc.</b>		

Principal Place of Business <b>450 East Las Olas Blvd.</b> <b>Suite 700</b> <b>Fort Lauderdale, FL 33301</b>	Mailing Address <b>450 East Las Olas Blvd.</b> <b>Suite 700</b> <b>Fort Lauderdale, FL 33301</b>
---	---

2. Principal Place of Business 21 <b>450 E. Las Olas Blvd.</b>	2a. Mailing Address 26 <b>450 E. Las Olas Blvd.</b>
Suite, Apt. #, etc. 22 <b>Suite 1500</b>	Suite, Apt. #, etc. 27 <b>Suite 1500</b>
City & State 23 <b>Fort Lauderdale, FL</b>	City & State 28 <b>Fort Lauderdale, FL</b>
Zip 24 <b>33301</b>	Country 25 <b>USA</b>
Country 25 <b>USA</b>	Zip 29 <b>33301</b>

9. Name and Address of Current Registered Agent <b>American Information Services, Inc.</b> <b>One SE Third Avenue, 28th Floor</b> <b>Fort Lauderdale, FL 33301</b>	
---	--

3. Date Incorporated or Qualified <b>03.05.93</b>
--

4. FEI Number <b>65-0396845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name <b>American Information Services, Inc.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>One SE Third Avenue, 28th Floor</b>	
83 City <b>Miami</b>	85 Zip Code <b>33131</b>

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. <b>AMERICAN INFORMATION SERVICES, INC.</b> SIGNATURE: <i>William A. Rochon</i> <b>Sec. Sec.</b> <b>7/13/98</b>	
--	--

12. OFFICERS AND DIRECTORS	
TITLE <b>President/Director</b>	<input type="checkbox"/> DELETE
NAME <b>Rochon, Richard C.</b>	
STREET ADDRESS <b>100 SE Third Avenue, 2nd Floor</b>	
CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	
TITLE <b>Vice President/Secretary</b>	<input type="checkbox"/> DELETE
NAME <b>Pierce, William</b>	
STREET ADDRESS <b>450 East Las Olas Blvd., #1500</b>	
CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	
TITLE <b>Treasurer/Vice President</b>	<input type="checkbox"/> DELETE
NAME <b>Dauria, Steven M.</b>	
STREET ADDRESS <b>450 East Las Olas Blvd., #1500</b>	
CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> DELETE
NAME <b>Handley, Richard L.</b>	
STREET ADDRESS <b>450 East Las Olas Blvd., #1500</b>	
CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	
TITLE <b>President</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>Evans, Richard H.</b>	
STREET ADDRESS <b>450 East Las Olas Blvd.</b>	
CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	
TITLE <b>President</b>	<input type="checkbox"/> DELETE
NAME <b>Evans, Richard H.</b>	
STREET ADDRESS <b>450 East Las Olas Blvd.</b>	
CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Rochon, Richard C.</b>	
1.3 STREET ADDRESS <b>450 East Las Olas Boulevard, #1500</b>	
1.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33301</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 recorder 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. SIGNATURE: By: <i>William A. Rochon</i> <b>7/13/98</b> (954) 712-1300	
---	--

2



ACCOUNT NO. : 072100000032

REFERENCE : 890216 4311639

AUTHORIZATION : Patricia Pignatelli

COST LIMIT : \$ 558.75

ORDER DATE : July 14, 1998

ORDER TIME : 10:25 AM

ORDER NO. : 890216-005

CUSTOMER NO: 4311639

CUSTOMER: Bill C. Arnholds, Esq  
Akerman Senterfitt & Eidson  
One Southeast Third Avenue  
28th Floor  
Miami, FL 33131

400002588612

ANNUAL REPORT FILING

NAME: 2301 SE 17TH ST, INC.

DIVISION OF CORPORATION

98 JUL 14 PM 12:08

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS: \_\_\_\_\_