FILE NOW: FILING FEE AFTER MAY 1 18 \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064124 (9)

PANTHER AVIATION SALES, INC.

Principal Prace	e of Business	Mailing Address	Mailing Address			4	j 40110 Blail Bjadt Hibid Hibi	1 191 1001	
8680 NW 24 ST 8680 NW 24 ST SUNRISE FL 33322 SUNRISE FL 33322-3302									
						3. Date Incorporated or Qualified 09/09/1993	3a. Date of Last R 03/06/1996	leport	
2. Principal Pl	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0432280		pplied For ot Applicable	
Suite, Apt #, etc 22		Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State)	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zφ)	Country Zip		Country 30	Country 30		This corporation has liability for intangible tax under s. 199.032, Florida Statules			
		9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	IS, CRAIG		81		ime				
	o NW 24 ST Irise FL 33322		82		eet Addre	ss (P.O. Box Number is Not Acceptab	vle)		
		•	83					!	
			84	Cit	ty		FL 85 Zip	Code	
PIZMATOR	in familiar with, and accept the ob-	-				h's board of directors. I hereby accept d when reinstating)	DAYE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		1-11, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE	D Titus, Susan	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME STREET ADURESS	8880 NW 24 ST		1.2 NAME 1.3 STREE		ECC				
City-St Zip	SUNRISE FL 33322		1.4 CITY -		ſ				
TILE	D	DELETE	2.1 TITLE	01			Change	Addition	
NAME	TITUS, CRAIG		22 NAME						
STREET ADDRESS	8680 NW 24 ST		23 STREE		1	.i.	1		
CITY - ST - 76°	SUNRISE FL 33322	☐ DELETE	2 4 CITY- 3 1 TITLE	ST-ZIP			Change	Addition	
TITLE NAME			3.1 IIILE 3.2 NAME				L. J Change	L Audition	
STREET ADDRESS	I		3.3 STREE		ESS				
CITY-S1-7IP			3.4. CITY-	ST-ZIP	,				
Tille		DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME			() () () () () () () () () ()			
STREET ADDRESS			4.3 STREE		l l				
CHY-ST-ZIP THILE	,	DELETE	4.4 CITY -: 5.1 TITLE	SI-ZIP			Change	Addition	
NAME			5.2 NAME						
STREEL ADORESS	1		5 3 STREE	T ADDR	ESS		•		
CITY \$1-7-P	l		5.4 CITY -	ST-ZIP					
T-II,E		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME		1	·.			
SERROCA FEBRES			6.3 STREE	T ADDR	ESS				
CHY- S1-70	tu costa that the information sure	allord with this files does not also	6.4 CITY			in Section 119.07(3)(i), Florida Statute	e I further certify that	t the	
informatio Lam an of	on indicated on this annual report	or supplemental annual report is n or the receiver or trustee empo	true and cuo wered i inxe	urate	and that	ny signature shall have the same lega as required by Chapter 607, Florida S	al effect as if made un	ider oath; that	

SIGNATURE:

STRATE OF AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SUSAN DIRECTOR 3/25/9.

(954)572.4033

Apr 02 1997 8:00am

Secretary of State