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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011576 (2)

PANTHER UTILITIES, INC.

Principal Place of Business

Mailing Address

FILED

May 15 1997 8:00am

Secretary of State

551 SPRINGDALE CIRCLE PALM SPRINGS FL 33461	8 Bahia lin W Palm BCH Fl 33406-1301 US			
	9 BANIA	LN.	3. Date Incorporated or Qualified 02/10/1995	3a. Date of Last Report 04/30/1996
2. Principal Place of Business	2a. Mailing Address	0.1	4. FE! Number	Applied For
21 8 Bahia Lar Suite, Apt. #, etc.	ne 26 West Jahr Suite, Apt. #, etc.	1 50h. Fl 304	o 65-0554526 <u>65-0554526</u>	Not Applicable
22 Suite, Apr. #, 610.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Bo
23 W. PAHM BUY, FL	. 28 W. PALM BO	4 FL.	Trust Fund Contribution	Added to Fees
Zip Country 25 V S	3 29 33 406 30	Country		Yes X No
	ss of Current Registered Agent		10. Name and Address of New Re-	gistered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 3313	4		anz Favre ess (P.O. Box Number is NoI Acceptab S. D. Stre.et	le)
		84 Sily a K	e Marth	FL 85 Zip Code
office or registered agent or both.	ions 607.0502 and 607.1508, Fiorida Statutes, , in the State of Florida. Such change was aut opt the obligations of, Section 607.0505, Floric	the above-named corp	varation submits this statement for the n	urpage of changing its registered
SIGNATURE FRAM 2 FL	4VEE 7-1)-e	egistered Agent signature requir		Dali
	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE P	DELETE	1.1 TITLE		Change Addition
NAME FAVRE, BRUCE E J		12 NAME	AVRE, BRUCE E JR.	
STREET ADDRESS 551 SPRINGDALE C		1.3 \$TREET ADDRESS	N. PALM BUH, FL 35406	ļi
CITY-ST-ZIP PALM SPRINGS FL		(4011) 51-21	W. FALM BON, PC 2540E	
COALIZ PAINT	€ DELETE	2.1 MILE		Change Addition
NAME FRANZ FAVRE STREET ADDRESS 330 S D ST		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP LAKE WORTH FL		2.4 CITY-ST-7iP		
TITLE VP	DELETE	3.1 HILF		Change Addition
NAME BRUCE E FANRE S	SR.	3.2 NAME		
STREET ADDRESS 8 BAHIA LN.		3.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP W PALM BCH FL		3.4 CHY-SI-ZIP		
TIFLE	DELETE	4.1 TITLE		Change Addition
NAME	'	4 2 NAME		ì
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME	L_J t/ci.cit	5.1 TITLE		Change Addition
STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CBY-SI-ZIP		
TITLE	DELETE	61 111LE		☐ Change ☐ Addition
NAME		6.2 NAME		•
STREET ADDRESS	l	6.3 STREET ADDRESS		1

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 early 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 on an attachment with an address

MONATURE MULTINE