

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011576 (2)

1. Corporation Name

PANTHER UTILITIES, INC.



Principal Place of Business

8 BAHIA LANE
W PALM BEACH FL 33406
US

Mailing Address

8 BAHIA LANE
WEST PALM BEACH FL 33406
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1744 CARAMBOLA Rd.	26	1732 S. Congress Ave.	02/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	331	65-0554526	
City & State		City & State		Applied For	
23	LAKE CLARKE SHORES, FL.	28	Palm Spgs, FL	<input checked="" type="checkbox"/> Not Applicable	
24	Zip 33406	29	Zip 33461	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country U.S.	30	Country U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent

FAVRE, FRANZ
330 S. D STREET
LAKE WORTH FL 33461

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]
Signature, typed or printed name of registered agent and file: Corporation

FRANZ FAVRE

(NOTE: Registered Agent signature required when reinstating)

4/21/98
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAVRE, BRUCE E JR.			1.2 NAME	FAVRE, BRUCE E JR.		
STREET ADDRESS	8 BAHIA LANE			1.3 STREET ADDRESS	1744 CARAMBOLA RD.		
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP	LAKE CLARKE SHORES, FL. 33406.		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANZ FAVRE			2.2 NAME			
STREET ADDRESS	330 S D ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUCE E FANRE SR.			3.2 NAME	FAVRE, BRUCE E.		
STREET ADDRESS	8 BAHIA LN.			3.3 STREET ADDRESS	14102 MAHOGANY DR.		
CITY-ST-ZIP	W PALM BCH FL			3.4 CITY-ST-ZIP	BOYNTON BLH, FL 33436.		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature] BRUCE FAVRE JR

4/21/98

CR2E034 (10/97)