FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P95000017539	(4)
PANTERA PRINTING,	INC.	

	PANTE	ra Prin	TING, INC.											
Principal Place of Business Mailing Address										-	BIG BRIG BRIBE III	/FI 10001 01F0	0 16169 1011 1001	
6166- 126TH AVE. NORTH LARGO FL 34616				6166- 126TH AVE. NORTH LARGO FL 34616										
											3. Date Incorporated or Qualifie 02/27/1995	d 3a. Date	of Last Re	port
2.	Princ pal Pla	ice of Busin	ess	T	2a. Mailing	Address					4. FEI Number			Applied For
21					26						59-329275	/		Not Applicable
_	Suite, Apt. #	·				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22	City & State	e Z7 City & State								A Charles Ones in Figure			Required	
23					28						Election Campaign Financing Trust Fund Contribution		Added	May Be
	^{Zip} 346	/ L 🖫	Country	-	35 ZP	643		untry			8. This corporation has liability f	or intangible ta ′es	x under s	199.032,
24	276	YZ o Name	25 and Address				30	τ			Florida Statutes Y		Agent	
		9. 1401110	uno Address	DI QUITOIII III	ogisterou A	gent		81	Name		TO. Harrie and Address of Net	i ilegistereu i	Aguir	
	DARR, D	חואות							!					
		26TH AVE	NORTH					82	Street	Addres	S (P.O. Box Number is Not Accept	table)		
		FL 34616	14011111					83		•				
	CHICO	1 2 01010									·			
								84	City			FŁ.	85 Z(p	o Code
11.	Pursuant to or registere familiar with	o the provisi ed agent, or h, and acce	ons of Sections both, in the Sta pt the obligation	607.0502 and te of Florida. S s of, Section 6	d 607,1508, I Such change 607,0505, Flo	Florida Statu was authori orida Statute	tes, the ab zed by the s.	corp corp	named co oration's	orporati board	ion submits this statement for the of directors. Thereby accept the a		nging its re registered	egistered office agent. I am
	SNATURE _													
		Signature, typiod	or printed name of reg	**************		(ts)		d Agen	t signature	required w	vhen reinstating)	DATE		
12.		D	OFFI	CERS AND D		DELETE	13.	TITLE		00	ADDITIONS/CHANGES TO O		DIRECTOR Change	RS IN 12
NAS		_	DONALD		L.	1 precut				PR	SZIDEVII	U	g change	LJ Augron
	EET ADDRESS		126TH AVE.	NORTH			T.	IAME	ADDRESS					1
	1-ST-ZIP		FL 34616	101111										
TITL		Dillo	I L OTOTO		Г) DELETE		HTY-S HTUE	1-212	VIC	E PRESIDENT		7 Change	Addition
NAN	1				L-	.,		IAME		1.5	04 A A NOO	L.	و المانية	
	EE1 ADDRESS								ADDRESS	1,11	1 121 H OUE II			
	r-ST-7IP							ITY-\$		1.00	RALD & DARR 66 1264 AVEN 260, FL 34643			
TITL					С	DELETE		TITLE			2011-2010	;] Change	Addition
NAN	re						321	IAME						
STR	EET ADDRESS						33	STREET	ADDRESS					
CITY	r-ST-ZIP						3.4 (ity-s	T-7IP					
TITL	Æ) DETELE	4 1	TITLE] Change	Addition
NAN	AE .						421	IAME						
STR	EET ADDRESS						4.3 9	TREE1	ADDRESS					
	(-ST-ZIP							HTY-S	T-ZIP	ļ				
TITL	ĺ				L.) DELETE		TITLE					Change	Addition
NAN								IAME						ŀ
	EET ADDRESS								ADDRES\$					
-	r-ST-ZIP		***********) NC+E16		ITY-S	T - ZIP	 	W TO THE REPORT OF THE PARTY OF		T Che	
TITL					L] DELETE	1	TITLE				L	Change	Addition.
NAN							1	IAME	450050C					ļ
	EET ADDRESS						1		ADDRESS					
	(-ST-ZIP	cortify that	the information	supplied with	this filing is a	voluntarily for		HY-\$		Lality for	the exemption stated in Section 1	10 07/3\/\(\begin{array}{c} \text{Flo} \\ \text{Tollow} \	rida Stabut	oc I further

I do nereby certify that the information supplied with this tining is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(5)(k), 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.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 813-536-9900 Date Pixes #

CR2E034 (12/95)