

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002137 (3)**

1. Corporation Name

PANTHER TITLE, INC.



Principal Place of Business

Mailing Address

**11601 BISCAYNE BLVD
100
MIAMI FL 33161
US**

**1035 N.E. 125TH STREET, #214
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0651630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

3300 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE # 511

City & State
CORAL SPRINGS, FL.

Zip

33065

Country

BROWARD

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**FERNANDEZ, PEDRO
1035 N.E. 125TH STREET, #214
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

3300 N. UNIVERSITY DRIVE #511

83.

84. City

CORAL SPRINGS

FL

85. Zip Code
33065

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D / P	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, PEDRO LUIS	
STREET ADDRESS	1035 N.E. 125TH STREET, #214	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

**3300 N. UNIVERSITY DR. #511
CORAL SPRINGS, FL. 33065**

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

**DIRECTOR/S
AMED F. FERNANDEZ
3300 N. UNIVERSITY DR. #511
CORAL SPRINGS, FL. 33065**

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

**DIRECTOR/VP
MIKE STIBER
3300 N. UNIVERSITY DRIVE #511
CORAL SPRINGS, FL. 33065**

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

**DIRECTOR/T
JOSEPH PARKER
3300 N. UNIVERSITY DRIVE #511
CORAL SPRINGS, FL. 33065**

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
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 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

PEDRO F. FERNANDEZ

3/26/98

1800-891-5363

CR2E034 (10/97)