

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000027152 (3)
 1. Corporation Name
PANTHER MANAGEMENT CORP.

Principal Place of Business: 399 WEST PALMETTO PARK ROAD STE 104 BOCA RATON FL 33432
 Mailing Address: 399 WEST PALMETTO PARK ROAD STE 104 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4020 NORTH STATE RD 7		26 4020 NORTH STATE RD 7		03/27/1996			
22 Suite, Apt. #, etc. SUITE 300		27 Suite, Apt. #, etc. SUITE 300		4. FEI Number 65-0659919		Applied For Not Applicable	
23 City & State FORT LAUDERDALE, FL		28 City & State FORT LAUDERDALE, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 88319		29 Zip 33319		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country BERMUDA		30 Country BROWARD		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				10. Name and Address of New Registered Agent			
KRINSKY, JEFF 399 WEST PALMETTO PARK ROAD STE 104 BOCA RATON FL 33432				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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRLIN, DANIEL	1.2 NAME	
STREET ADDRESS	399 WEST PALMETTO PARK ROAD STE 104	1.3 STREET ADDRESS	4020 NORTH STATE ROAD 7, SUITE 300
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRINSKY, JEFF	2.2 NAME	
STREET ADDRESS	399 WEST PALMETTO PARK ROAD STE 104	2.3 STREET ADDRESS	4020 NORTH STATE ROAD 7, SUITE 300
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	700002298297--2
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-09/19/97--01088--014
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700002298297--2
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-09/19/97--01088--015
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	700002298297--2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-09/19/97--01088--016

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 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.

CR2E034 (4/97)

SIGNATURE: *[Handwritten Signature]* 9/17/97