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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000045940 (0)

Corporation Name
PANTHER REALTY, INC.

PANTHER REALTY, INC.

Principal Place of Business

Panther Realty Inc.
2701 E Atlantic Blvd #201
Pompano Beach FL 33062

Principal Place of Business

2701 E Atlantic Blvd

Suite, Apt. #, etc.

#201

City & State

Pompano Beach FL

33062

Country

Broward

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25

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Country

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9. Name and Address of Current Registered Agent

SGARRINI, WALTER W
1725 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified 5/30/96 3a. Date of Last Report Initial report 97

4. FPI Number 65-066 8356 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

Pursuant to the provisions of Sections 607.0502 and 607.0503, 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. I, the undersigned, 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: Walter William Scarrini President/Director

Signature (Typed or printed name of registered agent and the date)

(Typed or printed name of registered agent and the date)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	12	13	14
11.1 TITLE	11.2 NAME	11.3 STREET ADDRESS	11.4 CITY-STATE-ZIP
12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY-STATE-ZIP
13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY-STATE-ZIP
14.1 TITLE	14.2 NAME	14.3 STREET ADDRESS	14.4 CITY-STATE-ZIP
15.1 TITLE	15.2 NAME	15.3 STREET ADDRESS	15.4 CITY-STATE-ZIP
16.1 TITLE	16.2 NAME	16.3 STREET ADDRESS	16.4 CITY-STATE-ZIP
17.1 TITLE	17.2 NAME	17.3 STREET ADDRESS	17.4 CITY-STATE-ZIP
18.1 TITLE	18.2 NAME	18.3 STREET ADDRESS	18.4 CITY-STATE-ZIP
19.1 TITLE	19.2 NAME	19.3 STREET ADDRESS	19.4 CITY-STATE-ZIP
20.1 TITLE	20.2 NAME	20.3 STREET ADDRESS	20.4 CITY-STATE-ZIP

I, the undersigned, certify that the information indicated on this statement 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; and that my name appears in Block 12 of this statement.

SIGNATURE:

Walter William Scarrini

Walter William Scarrini 4/29/97 954-782-7373

CR2E034 (9/96)