

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056449 (7)

1. Corporation Name

FLORIDA PANTHERS HOLDINGS, INC.

Principal Place of Business

100 N.E. THIRD AVE.
TENTH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address

100 N.E. THIRD AVE.
TENTH FLOOR
FT. LAUDERDALE FL 33301-1178

3. Date Incorporated or Qualified
07/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 100 NE Third Ave.

Suite, Apt. #, etc.

22 10th Floor

City & State

23 Ft. Lauderdale

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 100 NE Third Ave.

Suite, Apt. #, etc.

27 10th Floor

City & State

28 Ft. Lauderdale

Zip

29 33301

Country

30 USA

4. FEI Number

65-0676005

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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE.
27TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 certify that the change is authorized and 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	H. Wayne Huizenga	450 E. Las Olas Blvd #1500	Ft. Lauderdale, FL 33301
<input type="checkbox"/> DELETE			
D	Richard C. Raxton	100 NE 3 Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> DELETE			
PD	Richard H. Evans	100 NE 3 Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> DELETE			
D	William A. Torrey	100 NE 3 Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> DELETE			
AV	Alex Muxo	100 NE 3 Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> DELETE			
V	William M. Pierce	100 NE 3 Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
V	Steve M. Dauria	100 NE 3 Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
D	Steven R. Berrand	100 NE 3 Ave, 10th Floor	Ft. Lauderdale, FL 33301
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
D	Harris W. Hudson	100 NE 3 Ave, 10th Floor	Ft. Lauderdale, FL 33301
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
D	George D. Johnson, Jr	100 NE 3rd Ave, 10th Fl	Ft. Lauderdale, FL 33301
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
D	Michael S. Egan	100 NE 3rd Ave, FL #10	Ft. Lauderdale, FL 33301
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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 its 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

954-627-5037

Daytime Phone #

CR2E034 (9/96)