

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State,  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90171 002 \*\*\*158.75

DOCUMENT # P96000097884

1. Corporation Name  
PANTHER 441, INC.

Principal Place of Business  
4620 NORTH STATE ROAD 7  
SUITE 300  
FT. LAUDERDALE FL 33319

Mailing Address  
155 S MIAMI AVE  
STE 1150  
MIAMI FL 33130  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1996

4. FEI Number  
65-0721091

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4700 N. State Road 7

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 Suite PH-2A

22 Suite 106  
City & State

28 City & State

24 Zip Country  
25

29 Zip Country  
30

9. Name and Address of Current Registered Agent

KRINSKY, J  
155 S MIAMI AVE  
STE 1150  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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

83 Suite PH-2A

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

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 PD  
NAME KRINSKY, JEFF  
STREET ADDRESS 4600 N STATE ROAD 7, SUITE 300  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE VD  
NAME SIRLIN, DANIEL  
STREET ADDRESS 4620 NORTH STATE ROAD, SUITE 300  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 155 S. Miami Ave., Suite PH-2A  
1.4 CITY-ST-ZIP Miami, FL 33130

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 155 S. Miami Ave., Suite PH-2A  
2.4 CITY-ST-ZIP Miami, FL 33130

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: X OFFICER REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99  
Date

305 374-5455  
Daytime Phone #

CR2E034 (11/98)