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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000025162 (3) DOCUMENT

PANTHERS BRLP CORPORATION

Principal Place of Business

ONE SE THIRD AVE 27TH FLOOR

Mailing Address

ONE SE THIRD AVE 27TH FLOOR

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAM! FL 33131 3. Date Incorporated or Qualified 03/20/1997 2. Principal Place of Business 450 E. Las Olas Blvd. 26. Mailing Address 450 E. Las Olas Blyd. 4. FEI Number Applied For 65-0762238 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Attn: Steven M. \$8.75 Additional Attn: Steven M 27 Suite 1400. 5. Certificate of Status Desired Suite 1400. Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE Street Address (P.O. Box Number is Not Acceptable) 82 27TH FLOOR 83 **MIAMI FL 33131** 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 accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE X Addition 1.1 HTLE Change William M. Pierce NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400 CITY-ST-ZIP Ft. Lauderdale, FL 33301 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME Richard C. Rochon STREET ADDRESS 2.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400 CITY-ST-ZIP 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME Steven M. Dauria STREET ADDRESS 3.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400 Ft. Lauderdale, FL 33301 Change Addition CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE s / **V** NAMÉ 4. 2 NAME Richard L. Handley STREET ADDRESS 4.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400 CITY-ST-ZIP 4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 Change TITLE DELETE 5.1 TITL€ NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-S1-ZIP 14. Thereby 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 eath; 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, given an attachment with an address.