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FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000049972 (7)

1. Corporation Name

PANTHERS BOCA LIMITED PARTNER, INC.

Principal Place of Business

Mailing Address

ONE S.E. THIRD AVE., 27TH FLOOR
MIAMI FL 33131

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MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number
65-0762244

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 450 E. Las Olas Blvd.

Suite, Apt. #, etc. Attn: Steven M.
22 Suite 1400, Attn: Dauria

City & State
23 Ft. Lauderdale, FL

Zip Country
24 33301 USA

2a. Mailing Address
26 450 E. Las Olas Blvd.

Suite, Apt. #, etc. Attn: Steven M.
27 Suite 1400, Attn: Dauria

City & State
28 Ft. Lauderdale, FL

Zip Country
29 33301 USA

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V ☐ Change ☒ Addition
1.2 NAME William M. Pierce
1.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME Richard C. Rochon
2.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE V/T ☐ Change ☒ Addition
3.2 NAME Steven M. Dauria
3.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

4.1 TITLE S/V ☐ Change ☒ Addition
4.2 NAME Richard L. Handley
4.3 STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

CR2E034 (10/97)