

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

DOCUMENT # P97000053292

1. Corporation Name
PANTHER VIEW, INC.

Principal Place of Business
ONE PHIL RITSON WAY
WINTER GARDEN FL 34787

Mailing Address
P.O. BOX 690577
ORLANDO FL 32869

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90050 045 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

59-3456298

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

9. Name and Address of Current Registered Agent

RITSON, MICHELLE
ONE PHIL RITSON WAY
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name

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

16301 PHIL RITSON WAY

83

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 *Michelle Ritson*

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 D ☐ DELETE

NAME GLENN, GORDON S
STREET ADDRESS 111 NORTH DRIVE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ DELETE

NAME ISAYAMA, CHIYO
STREET ADDRESS 10214 CHILTERN GARDEN DR
CITY-ST-ZIP ORLANDO FL 32827

TITLE D ☐ DELETE

NAME LOOFBURROW, JOHN
STREET ADDRESS ONE WORLD TRADE CENTER SUITE 5647
CITY-ST-ZIP NEW YORK NY 10048

TITLE D ☐ DELETE

NAME PASSILLA, JAMES P
STREET ADDRESS 516 BUTLER STREET
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ DELETE

NAME RITSON, MICHELLE
STREET ADDRESS ONE PHIL RITSON WAY
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

16301 PHIL RITSON WAY

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:

Michelle Ritson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

407-686-1612
Daytime Phone #

CR2E034 (1/198)