


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90032 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000080363

1. Corporation Name

PANTHER REAL ESTATE PARTNERS, INC.

Principal Place of Business

 155 S MIAMI AVE
 STE 1150
 MIAMI FL 33130
 US

Mailing Address

 155 S MIAMI AVE
 STE 1150
 MIAMI FL 33130
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0785115

Applied For

Not Applicable

5. Certificate of Status Desired ☒
\$8.75 Additional
Fee Required
6. Election Campaign Financing ☐
\$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

 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address

 Suite, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent

 SEGAL, JONATHAN W ESQ.
 25 SOUTHEAST 2ND AVE.
 SUITE 730
 MIAMI FL 33131

10. Name and Address of New Registered Agent

 81 Name **DANIEL SIRLIN**
 82 Street Address (P.O. Box Number is Not Acceptable)
155 S. Miami Ave
 83 **Suite 1150**
 84 City **Miami** **FL** 85 Zip Code **33130**

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

Jonathan W. Segal, Esq.**3/23/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIRLIN, DANIEL	
STREET ADDRESS	4620 NORTH STATE ROAD 7 SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)