

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 90230 048 ***158.75

DOCUMENT # P97000080368

1. Corporation Name

PANTHER JUSTICE, INC.

Principal Place of Business

155 S MIAMI AVE
STE 1150
MIAMI FL 33180
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

65-0785112

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 Suite, Apt. #, etc.
22 Suite PH-2A
23 City & State

24 Zip 33130 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite PH-2A
28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SEGAL, JONATHAN W ESQ.
4620 NORTH STATE ROAD 7
SUITE 300
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

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

155 S. Miami Ave

83 Suite PH-2A

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

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
NAME SIRLIN, DANIEL
STREET ADDRESS 4620 NORTH STATE ROAD 7 SUITE 300
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 155 S. Miami Avenue, Suite PH-2A
1.4 CITY-ST-ZIP Miami, FL 33130

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS KENSKY, JEFF
2.4 CITY-ST-ZIP 155 S. MIAMI AVE., PH-2A
MIAMI, FL 33130

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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: X

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

4/16/99

Date

(305) 374-5455

Daytime Phone #

CR2E034 (11/98)