

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90025 038 ***150.00

DOCUMENT # P98000010458

1. Corporation Name
PANTHERS AHL HOCKEY CORP.

Principal Place of Business
100 N.E. THIRD AVENUE
FT. LAUDERDALE FL 33301

Mailing Address
100 N.E. THIRD AVENUE
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

65-0815101

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

21 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

22 Suite 1400

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

2a. Mailing Address

26 450 E. Las Olas Blvd.,

Suite, Apt. #, etc.

27 Suite 1400

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

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

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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STREET ADDRESS
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 VT ☐ Change ☒ Addition
1.2 NAME Dauria, Steven M.
1.3 STREET ADDRESS 450 E. Las Olas Blvd., #1400
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE SV ☐ Change ☒ Addition
2.2 NAME Handley, Richard L.
2.3 STREET ADDRESS 450 E. Las Olas Blvd., #1500
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME Murray, Bryan
3.3 STREET ADDRESS 450 E. Las Olas Blvd., #1500
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

4.1 TITLE CD ☐ Change ☒ Addition
4.2 NAME Huizenga, H W
4.3 STREET ADDRESS 450 E. Las Olas Blvd., #1500
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Rochon, Richard C.
5.3 STREET ADDRESS 450 E. Las Olas Blvd., #1500
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

6.1 TITLE DP ☐ Change ☒ Addition
6.2 NAME Torrey, William
6.3 STREET ADDRESS 450 E. Las Olas Blvd., #1400
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

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:

Steven M. Dauria

4-30-99

Date

954-712-1300

Daytime Phone #

CR2E034 (11/98)

0280056