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 # P98000062096

1. Corporation Name

PANTHERS GREY OAKS, INC.

Principal Place of Business	Mailing Address
one southeast <mark>Third Avenue</mark> 28th Floor Miami Fl 33131	ONE SOUTHEAST THIRD AVENUE 28TH FLOOR MIAMI FL 33131

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90171 010 ***150.00



ONE SOUTHEAS 28TH FLOOR MIAMI FL 33131	T THIRD AVENUE ONE SOUTHEAST THIRD AVENUE 28TH FLOOR MIAM! FL 33131								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/14/1998					
2. Principal Pla	ice of Business	2a.	Mailine	g Addre	SS		_		4. FEI Number		TT	Applie	d For	
	Las Olas Blvd.	26			Las Ol	as Bl	v	d.	65-0851608			Not Ap	pplicable	
Suite, Apt. #		1-01		Apt. #,			÷			-\$	8.7	5 Add	itional	
22 Suite		27		te 1					5. Certifcate of Status Desired		Fee	Requi	red	
City & State			City &				_		6. Election Campaign Financing	•	\$5.0	0 ма	v Re	
		28	•		derdal	e. FI			Trust Fund Contribution			ed to F		
Zip	iderdale, FL Country	1201	Zip	ши	<u>ucrau-</u>	Country			8. This corporation owes the current year li	tangil	ble			
— ·	25	29	333	Λ1	30				Personal Property Tax.	Ŭ,		X	No	
24 33301	9. Name and Address of Current			-		7	_		10. Name and Address of New Registerer	Age	nt			
						81	П	Name						
AMEF	RICAN INFORMATION SERVICES,	INC.					ļ.,		(0.0.0.1)					
	S.E. 3RD AVENUE					82	1	Street A	ddress (P.O. Box Number is Not Acceptable)					
	FLOOR					83	╁							
MIAM	I FL 33131						L				7			
						84		City	F	8	5 Z	ip Cod	le	
agent. I an SIGNATURE	n familiar with, and accept the obligation	ons of	, Sectio	n 607.0	505, Florid	a Statutes	3 .		quired when reinstating) DATE DATE					
12.	OFFICERS AND	DIRE	CTOR		u ctt	13.			ADDITIONS/CHANGES TO OFFICERS A		Chang		XAddition	
TIFLE				☐ DE	LEIE	1.1 TITLE			SD/VP		Chang	ge i	LAROUNDI	
NAME						1.2 NAME			William M. Pierce					
STREET ADDRESS						1.3 STREE			450 East Las Olas Blvd. #1	.400	}			
CITY-ST-ZIP						1.4 CITY-5	T - Z	ZIP	Ft. Lauderdale, FL 33301	_	Chanc	20	[XAddition	
TITLE					LETE	2.1 TITLE			VP/T	Ш	Chang	ge	ZPAUUIDON	
NAME						2.2 NAME			Steven M. Dauria					
STREET ADDRESS						2.3 STREE	TA	DORESS	450 East Las Olas Blvd. #1	.400)			
CITY-ST-ZIP						2.4 CITY-	ST-	ZIP	Ft. Lauderdale, FL 33301		-	-	FEE & JUSTICE	
TITLE					LETE	3.1 TITLE			S VP	Ц	Chang	ge	∑ :Addition	
NAME						3.2 NAME			Richard L. Handley					
STREET ADDRESS						3.3 STREE	TΑ	DORESS	450 East Las Olas Blvd. #3	.400)			
CITY-ST-ZIP						3.4. CITY-	ST-	ZIP	Ft. Lauderdale, FL 33301					
TITLE					LETE	4.1 TITLE			P	L	Chan	ge j	Addition	
NAME						4. 2 NAME			Richard C. Rochon					
STREET ADDRESS						4.3 STREE	TA	DDRESS	450 E. Las Olas Blvd., #15	ĴΟ				
CITY-ST-ZIP						4.4 CITY-5	T- Z	ZIP	Ft. Lauderdale, FL 33301					
TITLE		/	/	☐ DE	LETE	5.1 TITLE		Ì			Chang	ge	☐ Addition	
NAME						5.2 NAME								
STREET ADDRESS						5.3 STREE	TA	DDRESS						
CITY-ST-ZIP	/	/	_			5.4 CITY-9	ST-2	ZIP						
TITLE	7			☐ DE	LETE	6.1 TITLE					Chang	ge	☐ Addition	
NAME	/					6.2 NAME		-						
	. /					63 STREE	TΔ	IDDRESS L						

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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Pierce, Sole Director 04/30/99 (954)712 1403

Date