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 # P98000081164

1. Corporation Name

PANTHERS PLANTATION GOLF, INC.

Princip	al Plac	ce of	Busi	ness

2. Principal Place of Business

Mailing Address

2a. Mailing Address

ONE S.E. THIRD AVENUE. 28TH FLOOR MIAMI FL 33131

ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI FL 33131

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

05-10-1999 90171 011 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

09/18/1998 4. FEI Number

21 450 E.	. Las Olas Blvd. 26 450 E. Las Olas Blvd			Lvd.	65-0863399	No.	t Applicable		
Suite, Apt.	. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75			
22 Suite	1400	27 Suite 1400			3. Controdic di Status Besiles	Fee Re	quired		
City & State	е	City & State			6. Election Campaign Financing	\$5.00			
23		28			Trust Fund Contribution	Added t	to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Inta				
24	25	29 30	<u>J</u>		Personal Property Tax.		NXX No		
	9. Name and Address of Current	Registered Agent		• • • • • • •	10. Name and Address of New Registered A	gent			
4145	DIO ANI INICODIA ATIONI OCCINOCCO	INC	81	Name					
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			-						
MIAN	AI FL 33131		83						
			84	City	- ·	85 Zip (Code		
ı				•	<u> </u>				
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above	e-named of	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	:hanging its tment as re	registered aistered		
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes		addition and an amountain.		J		
SIGNATURE									
CIGITATIONE	Signature, typed or printed name of registered agent a			t signature re	quired when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	X Addition		
TITLE	D	☐ DELETE	1.1 TITLE		VPD	□ Change	Las Addition		
NAME	PIERCE, WILLIAM M				PIERCE, WILLIAM M.	00			
STREET ADDRESS	ADDRESS 450 EAST LAS OLAS BLVD. #1400			ADDRESS	450 East Las Olas Blvd. #14	00			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST	- ZIP	Ft. Lauderdale, FL 33301	[]Ch	Ed Addition		
TITLE		☐ DELETE	2.1 TITLE		VP/T	Change	Addition		
NAME			2.2 NAME		Steven M. Dauria	0.0			
STREET ADDRESS			2.3 STREET	ADDRESS	450 East Las Olas Blvd.#14	00	1		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	Ft. Lauderdale, FL 33301		- Addition		
TITLE		☐ DELETE	3.1 TITLE		S	☐ Change	Addition Addition		
NAME			3.2 NAME]	Richard L. Handley				
STREET ADDRESS			3.3 STREET	ADDRESS	450 East Las Olas Blvd. #14	00			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	Ft. Lauderdale, FL 33301		C 4 4 100 -		
TITLE		☐ DELETE	4.1 TITLE		P	Change	X Addition		
NAME			4. 2 NAME		Richard C. Rochon				
STREET ADDRESS			4.3 STREET	ADDRESS	450 E. Las Olas Blvd., #1500)	ļ		
CITY-ST-ZIP			4.4 CITY-S	r-ZIP	Ft. Lauderdale, FL 33301				
TITLE		☐ DELETE	5.1 TITLE		-	Change	Addition (
NAME.		1	52 NAME	i					
STREET ADDRESS		·	5.3 STREET	į.					
CITY-ST-ZIP			5.4 CITY-\$	r- ZIP					
TITLE		DELETE	6.1 TITLE			Change	☐ Addition		
NAME	•	/	6.2 NAME						
STREET ADDRESS	. /\	/	6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby d	certify that the information supplied with	this filing does not qualify for th	e exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further cert	ify 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 requirer 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 or an appear with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Pierce, Sole Director 04/30/99

(954) 712 1403