

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90132 030 ***158.75

DOCUMENT # V28934

1. Corporation Name
THE PANDA PROJECT, INC.

Principal Place of Business
901 YAMATO RD
BOCA RATON FL 33431-4425
US

Mailing Address
901 YAMATO RD
BOCA RATON FL 33431-4425
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1992

4. FEI Number
65-0323354

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

2a. Mailing Address

21 951 Broken Sound PKWY NW
Suite, Apt. #, etc.

26 951 Broken Sound PKWY NW
Suite, Apt. #, etc. Suite 200

22 Suite 200

27 Boca Raton, FL ~~33487-3531~~

23 Boca Raton, FL

28 33487-3531 Palm Beach

24 33487-3531 25 Palm Beach

29 30

9. Name and Address of Current Registered Agent

CRANE, STANFORD W JR.
901 YAMATO RD
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

951 Broken Sound PKWY NW

83 Suite 200

84 City Boca Raton

85 Zip Code FL 33487-3531

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 ☒ DELETE
NAME WOODER, JAMES
STREET ADDRESS 34 HALFORD AVE
CITY-ST-ZIP TORONTO ON

TITLE VST ☒ DELETE
NAME C DARYL HOLLIS
STREET ADDRESS 901 YAMATO RD
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME RAO R TUMMALA
STREET ADDRESS 1748 TILLING WAY
CITY-ST-ZIP STONE MOUNTAIN GA

TITLE D ☒ DELETE
NAME CLAUD L GINGRICH
STREET ADDRESS 1800 K STREET NW 1000
CITY-ST-ZIP WASHINGTON DC

TITLE V ☒ DELETE
NAME WILLIAM E AHEARN
STREET ADDRESS 901 YAMATO RD
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE
NAME MELISSA F CRANE
STREET ADDRESS 901 YAMATO RD
CITY-ST-ZIP BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 (11/98)

0335897