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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L76293** (4)
1. Corporation Name
PHANTOM, INC.

Principal Place of Business: **2416 GULF TO BAY CLEARWATER FL 34625**
Mailing Address: **555 MARTIN LUTHER KING BLVD. YOUNGSTOWN OH 44502 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/29/1990**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-3010173**
Applied For: 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 has liability for intangible tax under S. 189.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**MACKAY, JOHN W.
201 SOUTH WESTLAND AVE.
TAMPA FL 33608**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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]* DATE: **3/10/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORCE, DENNIS A.	1.2 NAME	<i>Please delete no longer employed</i>
STREET ADDRESS	12301 68TH ST. NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	SORCE, DENNIS A.	2.2 NAME	<i>Please delete no longer employed</i>
STREET ADDRESS	12301 68TH ST. NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	BOSTOCKY, JERRY	3.2 NAME	
STREET ADDRESS	1170 SOUTHWICK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ZOLDAN, ALAN	4.2 NAME	
STREET ADDRESS	7593 EISENHOWER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ZOLDAN, BRUCE	5.2 NAME	
STREET ADDRESS	4490 DEVONSHIRE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN OH	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Bruce J. Zoldan* DATE: **3/8/95**