

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

1995

SECRET-1 EX 125

SECRET-1 STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049835 (9)

PHANTOM INVESTIGATIONS, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 12559 SOUTHWEST 144 TERRACE MIAMI FL 33186		2a. Mailing Address P.O. BOX 13727 SOUTHWEST 152 STREET SUITE 292 MIAMI FL 33177-1106	
2. Principal Place of Business 21 12559 SW 144 Terrace	2a. Mailing Address 26 13727 SW 152 STREET	3. Date Incorporated or Qualified 07/06/1994	3a. Date of Last Report This 1st Report
22	27 292	4. FBI Number 65-0502954	Applied For Not Applicable
23 MIAMI, FL	28 MIAMI, FL	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 33186	25 USA	29 33177-1106	30 USA
9. Name and Address of Current Registered Agent LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name G. H. Wilson 82 Street Address (P.O. Box Number is Not Acceptable) 12559 S.W. 144 TERR. 83 84 City MIAMI FL 85 Zip Code 33186	

11. I, the undersigned, being a resident of the State of Florida, in the above-named corporation submit this statement for the purpose of changing its registered office to the principal place of business, 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

Gail H. Wilson, President, Phantom Investigations, Inc. 22 Feb 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P	1. NAME WILSON, GAIL H	1.1 TITLE ☐ Change ☐ Addition	1.1 NAME
2. STREET ADDRESS 12559 SOUTHWEST 144 TERRACE	2. STREET ADDRESS	2.1 TITLE ☐ Change ☐ Addition	2.1 NAME
3. CITY, ST. ZIP MIAMI FL 33186	3. CITY, ST. ZIP	3.1 TITLE ☐ Change ☐ Addition	3.1 NAME
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made by me. I am the president or the secretary of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name is on the list of officers and directors of the corporation.

SIGNATURE: Gail H. Wilson, Pres. 22 Feb 95 (305) 255-6414