

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 15 1998 8:00am
Secretary of State

DOCUMENT # P96000084938 (5)

1. Corporation Name

PHANTOM ASSETS, LTD., INC.



Principal Place of Business

11350 66TH ST N, SUITE 109
LARGO FL 34643

Mailing Address

11350 66TH ST N, SUITE 109
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------------|---|-----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 36555 U.S. Hwy 19 No. | 26 | 36555 U.S. Hwy 19 No. | 10/10/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-3451352 | |
| 22 | | 27 | | APPLIED FOR | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Palm Harbor, FL | | 28 Palm Harbor, FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 34684 | | 29 34684 | | 30 U.S.A. | |
| Country | | Country | | 10. Name and Address of New Registered Agent | |
| 25 U.S.A. | | 30 U.S.A. | | 81 Name Garcia, Carlos M. | |
| 9. Name and Address of Current Registered Agent | | 82 Street Address (P.O. Box Number is Not Acceptable) | | 83 | |
| GARCIA, CARLOS M | | 36555 U.S. Hwy 19 No. | | 84 City Palm Harbor | |
| 11350 66TH ST N, SUITE 109 | | 85 Zip Code | | FL 34684 | |
| LARGO FL 34643 | | | | | |

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 4-8-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|-----------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| | GARCIA, CARLOS M | Director | Garcia, Carlos M. |
| | 11350 66TH ST N, SUITE 109 | | 36555 U.S. 19 No. |
| | LARGO FL 34643 | | Palm Harbor, FL 34684 |
| | | 2.1 TITLE | 2.2 NAME |
| | | Director | Jhon Lain |
| | | | 5128 Carey Rd. |
| | | | Tampa, FL 33624 |
| | | 3.1 TITLE | 3.2 NAME |
| | | Officer | Tracy Boyer |
| | | | 8664 Longwood Dr. |
| | | | Largo, FL 33777 |
| | | 4.1 TITLE | 4.2 NAME |
| | | | |
| | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | | |
| | | 5.1 TITLE | 5.2 NAME |
| | | | |
| | | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | | |
| | | 6.1 TITLE | 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.

SIGNATURE *[Signature]* DATE 4-8-98 (813) 771-9619

CR2E034 (10/97)