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

AND FILED

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000062897

1. Corporation Name
PHANTOM LAND INC.

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD MIAMI CENTER, 10TH FLOOR MIAMI FL 33131	201 S BISCAYNE BLVD MIAMI CENTER, 10TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: 07/21/1997

2. Principal Place of Business	2a. Mailing Address
21 7061 Cypress Road	26 7061 Cypress Road
Suite, Apt. #, etc. 22 Suite 104	Suite, Apt. #, etc. 27 Suite 104
City & State 23 PLANTATION FL	City & State 28 PLANTATION FL
Zip 24 33317 Country 25 USA	Zip 29 33317 Country 30 USA

4. FEI Number 65-0832606 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JOHNSON, CHARLES H
201 S BISCAYNE BLVD
MIAMI CENTER, 10TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LAWRENCE R. SPIRA M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 7061 Cypress Rd Suite 104
84 City PLANTATION FL 85 Zip Code 33317

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 L. L. Johnson L. R. Spira M.D. 3/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPIRA, LAWRENCE R MD		1.2 NAME		
STREET ADDRESS	7061 CYPRESS RD. SUITE 104		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

12-1-99

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: L. R. Spira M.D. 3/10/99 954-474-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)