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

DOCUMENT # P97000067625 (8)

PHANTOM OPERATIONS, INC.

Principal Place of Business Malling Address	
2379 DEMARET DRIVE 2379 DEMARET DRIVE DUNEDIN FL 34698 DUNEDIN FL 34698	
DO NOT WRITE IN THIS SI	PACE
3. Date incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59 - 3462 950	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curre 24 25 29 30 Personal Property Tax due June 30.	ent year Intangible Yes 🔀 No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered A	
CRONIN, MICHAEL T 81 Name	
911 CHESTNUT STREET 82 Street Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616	
83	
84 City	85 Zip Code
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 a	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 appo	changing its registered
oning or registered agent, or both, in the state or righter to Control Society of the corporation's board of directors. Thereby accept the appointment of the state of the sta	as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	onitinent 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 explicable: [NOTE: Registered Agent signature required when reinstating] DATE	omtiment as registered
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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.

6.4 CITY-ST-ZIP

CICNIATURE.

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FILED

Apr 17 1998 8:00am

Secretary of State