## 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

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90081 016 \*\*\*150.00

## DOCUMENT # P97000087360 1. Corporation Name

PHANTOM AIR, INC.

Principal	Place of	Business

201 S BISCAYNE BLVD 10TH FLOOR

Mailing Address

201 S BISCAYNE BLVD 10TH FLOOR



MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	•
				10/09/1997	
	ace of Business	2a. Mailing Address	D	4. FEI Number	Applied For
21 7061	CYPRESS KOAD		ESS ROAD	APPLIED FOR	Not Applicable
Suite, Apt. 1		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	- 1 1×+	City & State		6. Election Campaign Financing	\$5.00 May Be
	TATION	28 PLANTATION	/ FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int.	
24 <i>3</i> 33	17 25 USA	29 33317 30	USA	Personal Property Tax.	☐ Yes 🗹 No
-	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
107517	WENNETH I		81 Name La	WRENCE R. Spira M.	D.
	, KENNETH J			ess (P.O. Box Number is Not Acceptable)	
	S BISCAYNE BLVD				F. 3
	I FLOOR		83 706	1 CYPRESS ROAD 5	k 104
MIAN	AI FL 33131	^	84 City		85 Zip Code 33317
	0			IN TATION HE	
11. Pursuant t	to the provisions of Sections 607.0507	and 607.1508, Florida Statutes,	the above-named corporation	oration submits this statement for the purpose of	changing its registered ntment as registered
agent. I ar	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.	n's board of directors. I hereby accept the appoin	100
SIGNATURE				2/10/	99
	Signature, typed or printed name of registered agent is		gistered Agent signature required		ID DIDECTORS IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	PST		1.1 TIZE		C Ourside C 1 toursey
NAME	SPIRA; LAWRENCE R MD	ļ	12 NAME		•
STREET ADDRESS	7061 CYPRESS RD, SUITE 104	Λ	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	,	There is	2.1 TITLE		Containing Containing
NAME			2.2 NAME		
STREET ADDRESS		, <b>.</b>	2.3 STREET ADDRESS	and the second second second second	
C/TY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ pereig	3.1 TITLE		, January
NAME.	• •		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
- CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	•	Change Addition
TITLE		☐ DELETE			
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		'
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		☐ DECE 15	5.1 IIILE 5.2 NAME		
NAMÉ	•		5.3 STREET ADDRESS		•
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,	•	5.4 CITY-ST-ZIP	· .	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		. ليا تحدداد	6.2 NAME	•	
NAME	• .		6.3 STREET ADDRESS		
STREET ADDRESS			1		
CITY-ST-ZIP	i		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 too 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 of the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with altother like empowered.

SIGNATURE: