

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90061 042 ***150.00

DOCUMENT # P98000082444

1. Corporation Name

PHANTOM OF KEY LARGO, INC.

Principal Place of Business

707 NORTH FRANKLIN STREET
4TH FLOOR
TAMPA FL 33602

Mailing Address

707 NORTH FRANKLIN STREET
4TH FLOOR
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

Blvd. 65-0873182

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

2. Principal Place of Business

21 10615 Overseas Highway

2a. Mailing Address

26 55 Martin Luther King

Suite, Apt. #, etc.

22 City & State
Key Largo, FL

Suite, Apt. #, etc.

27 City & State
Youngstown, OH

24 Zip 33037 Country Monroe

29 Zip 4502-1102 Country Mahoning

9. Name and Address of Current Registered Agent

FARAGE, NANCY G
707 NORTH FRANKLIN STREET
4TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FARAGE, NANCY G
STREET ADDRESS 707 NORTH FRANKLIN STREET, 4TH FLOOR
CITY-ST-ZIP TAMPA FL 33602

☒ DELETE

TITLE
NAME
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. and Director
1.2 NAME Bruce J. Zoldan
1.3 STREET ADDRESS 4490 Devonshire Drive
1.4 CITY-ST-ZIP Youngstown, Ohio 44512

☐ Change ☒ Addition

2.1 TITLE Vice Pres. and Director
2.2 NAME Jerry Bostocky
2.3 STREET ADDRESS 305 Russo Dr.
2.4 CITY-ST-ZIP Canfield, Ohio 44406

☐ Change ☒ Addition

3.1 TITLE Secretary
3.2 NAME William A. Weimer
3.3 STREET ADDRESS 2331 Fifth Avenue
3.4 CITY-ST-ZIP Youngstown, Ohio 44504

☐ Change ☒ Addition

4.1 TITLE Treasurer & Director
4.2 NAME Alan L. Zoldan
4.3 STREET ADDRESS 6741 Lockwood Blvd.
4.4 CITY-ST-ZIP Youngstown, Ohio 44512

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(330) 746-1064

CR2E034 (11/98)