

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

DOCUMENT # P94000072471

1. Corporation Name
PAW, SERVICES INC.

Principal Place of Business
7400 WILES RD
SUITE 108
CORAL SPRINGS FL 33067

Mailing Address
7400 WILES RD
SUITE 108
CORAL SPRINGS FL 33067

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90012 065 ***150.00
04-25-1999 90012 066 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1994	
4. FEI Number 65-0522715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 22158 Appleton Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 22158 Appleton Dr. Suite, Apt. #, etc.
22 City & State 23 Boca Raton, FL	27 City & State 28 Boca Raton, FL
24 Zip 33428 Country	29 Zip 33428 Country

9. Name and Address of Current Registered Agent

SCHULER, BRADLEY W
2898 UNIVERSITY DR
SUITE 64
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	same
NAME	BASSO, PHILIP	1.2 NAME	same
STREET ADDRESS	9330 SW 61ST WAY #D	1.3 STREET ADDRESS	22158 Appleton Drive
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	Boca Raton FL 33428
TITLE	VPT	2.1 TITLE	same
NAME	BASSO, ANTOINETTE	2.2 NAME	same
STREET ADDRESS	9330 SW 61ST WAY #D	2.3 STREET ADDRESS	22158 Appleton Dr.
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	Boca Raton FL 33428
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)