


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P96000040975 (0) 1. Corporation Name PAH CO. | | |



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|---|--|
| Principal Place of Business 6400 N.W. 6TH WAY FT. LAUDERDALE FL 33309 | Mailing Address % MCGRATH & MEYERS. P.A. 5725 CORPORATE WAY.. #101 WEST PALM BEACH FL 33407 US |
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DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 05/10/1996 |
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| | |
|--|--|
| 2. Principal Place of Business 21 621 N.W. 53rd Street Suite, Apt. #, etc. 22 Suite 300 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 |
| 23 Boca Raton, Florida City & State 24 33487 Zip 25 USA Country | 28 City & State 29 Zip 30 Country |

| | |
|---|--|
| 4. FEI Number 65-0691758 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent HALMOS, PETER 6400 N.W. 6TH WAY FT. LAUDERDALE FL 33309 |
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|---|
| 10. Name and Address of New Registered Agent 81 Name Halmos, Peter 82 Street Address (P.O. Box Number is Not Acceptable) 621 N.W. 53rd Street 83 Suite 300 84 City Boca Raton FL 85 Zip Code 33487 |
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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: *Peter Halmos*
 Signature, type in the full name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE | |
|----------------------------|--------------------------------|---------------------------------|---------------------------------|
| TITLE | D | | |
| NAME | HALMOS, PETER | | |
| STREET ADDRESS | 6400 N.W. 6TH WAY | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33309 | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
|---|--|--|---|
| 1.1 TITLE | D | | |
| 1.2 NAME | Halmos, Peter | | |
| 1.3 STREET ADDRESS | 621 N.W. 53rd Street, Suite 300 | | |
| 1.4 CITY-ST-ZIP | Boca Raton, FL 33487 | | |
| 2.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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 as an attachment with an address.

SIGNATURE: *Peter Halmos* **SECRETARY**

CR2E034 (10/97)