

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90126 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000040975

1. Corporation Name
PAH CO.



Principal Place of Business
 621 NW 53RD ST #300
 BOCA RATON FL 33487
 US

Mailing Address
 % MCGRATH & MEYERS. P.A.
 5725 CORPORATE WAY.. #101
 WEST PALM BEACH FL 33407
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 224 Datura St.
 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

22 Suite 315
 City & State

27 City & State

23 West Palm Beach, FL
 Zip Country

28 Zip Country

24 33401 25 Palm Beach 29

30

3. Date Incorporated or Qualified
 05/10/1996

4. FEI Number
 65-0691758 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALMOS, PETER
 621 NW 53RD ST #300
 BOCA RATON FL 33487

81 Name
 Robert J. Arnold
 82 Street Address (P.O. Box Number is Not Acceptable)
 224 Datura St., #315
 83
 84 City
 West Palm Beach FL 85 Zip Code
 33401

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	D	<input type="checkbox"/> DELETE
NAME	HALMOS, PETER	
STREET ADDRESS	621 NW 53RD ST #300	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D P T S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HALMOS, PETER	
1.3 STREET ADDRESS	224 DATURA ST., #315	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT J. ARNOLD	
2.3 STREET ADDRESS	224 DATURA ST., #315	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Arnold* 3-30-99 561-833-6300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)