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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L89606</u> 1. Corporation Name <u>HAVE A SLICE, INC.</u>			
Principal Place of Business <u>536 W. SAMPLE RD.</u> <u>POMPAHO BEACH, FL 33064</u>		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <u>536 W. SAMPLE RD.</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>SAME</u> Suite, Apt. #, etc.	
22 <u>POMPAHO BEACH</u> City & State		27 <u>POMPAHO BEACH</u> City & State	
23 <u>33064</u> Zip		28 <u>US</u> Country	
24 <u>33064</u> Zip		25 <u>US</u> Country	
9. Name and Address of Current Registered Agent <u>ROBERT MACCHIAVERNA</u> <u>23097 SW 53 AVE.</u> <u>BOCA RATON, FL 33433</u>		10. Name and Address of New Registered Agent B1 Name <u>N/A SAME AS BEFORE</u> B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City <u>FL</u> B5 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 <u>Robert Macchiaverna</u> <u>ROBERT MACCHIAVERNA</u> <u>9/3/99</u> Signature (Type or printed name of registered agent and one if applicable) (NOTE: Registered Agent signature required when remaining)			
12. OFFICERS AND DIRECTORS TITLE <u>VICE-PRESIDENT</u> <input checked="" type="checkbox"/> DELETE NAME <u>EDWARD FINNESAN</u> STREET ADDRESS <u>1093 SW 24 TERRACE</u> CITY-ST-ZIP <u>DEERFIELD, FL 33442</u> 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <u>PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <u>ROBERT MACCHIAVERNA</u> 1.3 STREET ADDRESS <u>23097 SW 53 AVE.</u> 1.4 CITY-ST-ZIP <u>BOCA RATON, FL 33433</u> 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 <u>700002989357--8</u> 3.4 CITY-ST-ZIP <u>-09/17/99--01007--023</u> 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.			
SIGNATURE: <u>Robert Macchiaverna</u> ROBERT MACCHIAVERNA		PRESIDENT <u>9/3/99</u> <u>954-781-0323</u> Date Daytime Phone #	

CR2E034 (10/97)