

FILE NOW: FILING FEE AFTER MAY 1'S \$550.00

1

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL -8 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PQ10000033306**  
1. Corporation Name **PIECE OF CAKE OF THE PALM BRACHES INC**

Principal Place of Business Mailing Address  
**1937. N. MILITARY TRAIL  
WEST PALM BEACH.  
FL. 33409**

3. Date Incorporated or Qualified **4-15-96** 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>58-2231655</b> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1937. N. MILITARY TRAIL</b>	<b>W.P.B. FL 33409</b>	
<b>1937. N. MILITARY TRAIL</b>	<b>WEST PALM BCH. FL.</b>	
<b>33409</b>	<b>USA</b>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUNE S. MALYNN  
5283 FOXTRACE  
WEST PALM BCH.  
FL. 33417.**

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>PATRICK S MALYNN</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>5283 FOXTRACE</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>SECRETARY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>JUNE S MALYNN</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>5283 FOXTRACE</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>500002235085</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-07/10/97--01069--012</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

**JUNE S MALYNN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/1/97 561-640-2777**

CR2E034 (9/96)

(2)

PIECE OF CAKE  
5283 FOX TRACE  
W PLM BECH, FL 33417

Request taken by: cbatten  
06-24-1997

The forms you recently requested from this office are:

- (1) 201. Cor Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Please see form & check for 165.00.

As per your tel conversation with Thos Close ATTORNEY  
You waived the penalty as the form ~~was~~ went to another  
address and we requested the form from you.

Thankyou for your help. This is our first filing.

*J. Malynn*