
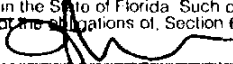
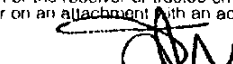


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 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 # P97000065472 (7) 1. Corporation Name SLICE OF NEW YORK, INC.					
Principal Place of Business 1310-D 85TH TERR NORTH ST PETERSBURG FL 33702		Mailing Address 1310-D 85TH TERR NORTH ST PETERSBURG FL 33702			
2. Principal Place of Business 21 13610 UNIVERSITY PLAZA Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33613 Country 25 USA		2a. Mailing Address 26 13610 UNIVERSITY PLAZA Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33613 Country 30 USA		3. Date Incorporated or Qualified 07/28/1997 4. FEI Number 59-3460597 Applied For 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	
9. Name and Address of Current Registered Agent FESHIR, MOHAMED M 1310-D 85TH TERR NORTH ST PETERSBURG FL 33702		10. Name and Address of New Registered Agent 81 Name FESHIR, MOHSEN 82 Street Address (P.O. Box Number is Not Acceptable) 13610 UNIVERSITY PLAZA 83 84 City TAMPA FL 85 Zip Code 33613			
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  DATE 3/21/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE PVST <input checked="" type="checkbox"/> DELETE 1.2 NAME FESHIR, MOHAMED M 1.3 STREET ADDRESS 1310-D 85TH TERR NORTH 1.4 CITY-ST-ZIP ST PETERSBURG FL 33702 1.5 TITLE D <input checked="" type="checkbox"/> DELETE 1.6 NAME FESHIR, MOHAMED M 1.7 STREET ADDRESS 1310-D 85TH TERR NORTH 1.8 CITY-ST-ZIP ST PETERSBURG FL 33702 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP 1.21 TITLE <input type="checkbox"/> DELETE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME FESHIR, MOHSEN 1.3 STREET ADDRESS 13610 UNIVERSITY PLAZA 1.4 CITY-ST-ZIP TAMPA, FL 33613 1.5 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.6 NAME FESHIR, MOHSEN 1.7 STREET ADDRESS 13610 UNIVERSITY PLAZA 1.8 CITY-ST-ZIP TAMPA, FL 33613 1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP 1.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.22 NAME 1.23 STREET ADDRESS 1.24 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:  DATE 3/21/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0388441					

CR2E034 (10/97)