SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750),

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000079412 (7)

A SLICE OF HEAVEN, INC.

Principal Place of Business

FILED Aug 17 1998 8:00am Secretary of State



| i intorpai i lav | De of Desiress | Maining Addit | 33 | | | | | |
|---|---|--------------------------------------|-----------------------------|---------------------------|-----------------|--|--------|--|
| 13010 FRUITVILLE RD. SARASOTA FL 34240 | | 13010 FRUITVII SARASOTA FL | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | 09/12/1997 | . | |
| 2. Principal F | Place of Business | 2a. Mailing Ad | 2a. Mailing Address | | | 4. FEI Number Applied For | | |
| 21 | | 26 | 26 | | | 65-0782493 Not Applical | əle | |
| Suite, Apt. #, etc. | | Suite, Apt | Suite, Apt. #, etc. | | | 5 Certificate of Status Desired \$8.75 Additional | \neg | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired L Fee Required | İ | |
| City & Sta | te | City & Sta | te | | | 6. Election Campaign Financing \$5.00 May Be | ᅥ | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | - 1 | |
| Zip | Country | Zip | ip Country | | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | 30 | -, . | | Personal Property Tax due June 30. | | |
| 1 | | Current Registered Ager | | ·1 | | 10. Name and Address of New Registered Agent | -+ | |
| C) IE | PPARD, SHIRLEY | | ·· | 81 | Name | to: Hallo and Hadisas of Hon Hogistorou Apult | - | |
| | | | | | | | | |
| | 10 FRUITVILLE RD. | | 82 Stre | | Street A | t Address (P.O. Box Number is Not Acceptable) | | |
| SAH | ASOTA FL 34240 | | | | | | | |
| | | | | 83 | | | ŀ | |
| | | | | 84 | City | Tec 75 Code | | |
| | | | | 04 | City | FL 35 Zip Code | j | |
| 11. Pursuan | t to the provisions of sections t | 507.0502 and 607.1508. Flo | rida Statutes, t | he above- | named co | orporation submits this statement for the purpose of changing its registered | | |
| office or | registered agent, or both, in the | ne State of Florida. Such ch | ange was auth | orized by | the corpo | pration's board of directors. I hereby accept the appointment as registered | | |
| | | ne obligations or, section bu | 17.0505, Florida | a Statutes | • | | | |
| SIGNATURE | Signature, typed or printed name of regis | stered ecopl and tills if applicable | MOTE | Qualetored As | ant ninuat | e required when reinstating) DATE | l | |
| 12. | | ERS AND DIRECTORS | THOTE. | 13. | Serie signature | e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | | DE: EXE | 1.1 TITLE | | | | |
| | CLIPPARD, SHIRLEY | | DELETE | | | Change Additi | on | |
| NAME | | | | 1.2 NAME | | | | |
| STREET ADDRESS | 13010 FRUITVILLE RD. | | | 1.3 STREET. | ADDRESS | | ļ | |
| CITY-ST-ZIP | SARASOTA FL 34240 | | | 1.4 CITY-ST | ZIP | | | |
| TITLE | | | DELETE | 2.1 TITLE | ļ | Change Additi | on | |
| NAME | | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | wagi. | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST- | ZIP | | | |
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| NAME | | <u> </u> | | 3.2 NAME | | Change C Additi | ~ | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | | |
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| TITLE | | | | 3.4 CITY-ST- 4.1 TITLE | <u> </u> | | | |
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| NAME | | | | 4.2 NAME | | | | |
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| CITY-ST-ZIP | | | | 4.4 CITY-ST- | ZIP | | | |
| TITLE | | | DELETE | 5.1 TITLE | | Change Additi | nc | |
| NAME | | | | 5.2 NAME | İ | | | |
| STREET ADDRESS | | | | 5.3 STREET / | ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST- | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | |
| NAME | | | | 6.2 NAME | 1 | | | |
| STREET ADORESS | | | | | 1 | -08/18/9801037023 PE ***150.00 | | |
| | , | | 6.3 STREET AD INGESS | | | ***150.00 | , | |
| CITY-ST-ZIP | | | | BACITY.ST. | 740 % | | / I | |

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 en an attachment with an address.

I did not receive a first notice concerning this Corporation annual Report. I called Sec. of. State 850-488-9000 they informed me to sink you written notice that I never received 1 st notice. Thank you, Miley W. Clyggard 152