


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

FILED
May 06 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 # P97000087075 (2) 1. Corporation Name BY THE SLICE, INC.		



Principal Place of Business 440 ROYAL PALM WY. STE 200 PALM BEACH FL 33480	Mailing Address 440 ROYAL PALM WY. STE 200 PALM BEACH FL 33480
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18 Via de Casas Sur Suite, Apt. #, etc. 22 No. 202 City & State 23 Boynton Beach, FL Zip 24 33426		2a. Mailing Address 26 18 Via de Casas Sur Suite, Apt. #, etc. 27 No. 202 City & State 28 Boynton Beach, FL Zip 29 33426		3. Date Incorporated or Qualified 10/08/1997	
Country 25 USA		Country 30 USA		4. FEI Number 65-0829477 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 SPEER, W. MORGAN ESQ. 440 ROYAL PALM WY, STE 200 PALM BEACH FL 33480		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 18 Via de Casas Sur, No. 202 83 84 City Boynton Beach FL 85 Zip Code 33426	
--	--	--	--

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 **W. Morgan Speer** DATE **4/9/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	John L. Shaw
STREET ADDRESS		1.3 STREET ADDRESS	2404 Windsor Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lake Park, FL 33410
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Matthew L. Justine
STREET ADDRESS		2.3 STREET ADDRESS	3119 Florida Mango Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake Worth, FL 33410
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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.

CR2E034 (10/97)