

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90056 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000087075

1. Corporation Name

~~BY THE SLICE, INC.~~
11/K/A Stykx Golf Company, Inc.



Principal Place of Business

18 VIA DE CASAS SUR
NO 202
BOYNTON BEACH FL 33426
US

Mailing Address

18 VIA DE CASAS SUR
NO 202
BOYNTON BEACH FL 33426
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 *450 Royal Palm Way*

Suite, Apt. #, etc.

22 *401*

City & State

23 *Palm Beach, FL*

Zip

33480

Country

25 *USA*

2a. Mailing Address

26 *450 Royal Palm Way*

Suite, Apt. #, etc.

27 *401*

City & State

28 *Palm Beach, FL*

Zip

33480

Country

30 *USA*

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

65-0829477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SPEER, W. MORGAN ESQ.
18 VIA DE CASAS SUR, NO 202
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

Speer, W. Morgan, ESQ.

82 Street Address: (P.O. Box Number is Not Acceptable)

450 Royal Palm Way

83

Suite 401

84 City

Palm Beach, FL

FL

85 Zip Code

33480

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

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SHAW, JOHN L	1.2 NAME	
STREET ADDRESS	2404 WINDSOR RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE PARK FL 33410	1.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JUSTINE, MATTHEW L	2.2 NAME	
STREET ADDRESS	3119 FLORIDA MANGO RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL 33410	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

John L Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 *653-*
Date Daytime Phone #