

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **301368** (7)

1. Corporation Name

**MEDALLION SPORTS OF RIVIERA BEACH INC**



Principal Place of Business

Mailing Address

2311 BROADWAY  
RIVIERA BEACH FL 33404

2311 BROADWAY  
RIVIERA BEACH FL 33404

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/28/1966

3a. Date of Last Report

03/21/1995

4. FEI Number

59-1031543

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

LICATA, SALVATORE  
15314 74TH AVE.  
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

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 fee, if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	LICATA, PATRICK	
STREET ADDRESS	15314 74TH AVE., N.	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LICATA, RITA B	
STREET ADDRESS	15314 74TH AVE., N.	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LICATA, SALVATORE	
STREET ADDRESS	15314 74TH AVE., N.	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LICATA, VINCENT	
STREET ADDRESS	3884 EVERGLADE RD.	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LICATA, DAVID	
STREET ADDRESS	15394 74TH AVE. N.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LICATA, KEVIN	
STREET ADDRESS	6358 CHASEWOOD DR #C	
CITY-ST-ZIP	JUPITER FL	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	V LICATA KEVIN
15. STREET ADDRESS	15356 74TH AVE. N.
16. CITY-ST-ZIP	PALM BCH GARDENS FL 33418

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rita B. Licata* RITA B. LICATA TREAS. 3/29/96 407-747-0458

CR2E034 (12/95)