

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

FILED

**Mar 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 301368 (7)
1. Corporation Name
MEDALLION SPORTS OF RIVIERA BEACH INC



Principal Place of Business 2311 BROADWAY RIVIERA BEACH FL 33404	Mailing Address 2311 BROADWAY RIVIERA BEACH FL 33404-4530
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3. Date Incorporated or Qualified 01/28/1986	3a. Date of Last Report 04/02/1986
4. FEI Number 59-1031543	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**LICATA, SALVATORE
15314 74TH AVE.
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	LICATA, PATRICK	
STREET ADDRESS	15314 74TH AVE., N.	
CITY-ST-ZIP	PALM BCH GDNS FL 33418	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LICATA, RITA B	
STREET ADDRESS	15314 74TH AVE., N.	
CITY-ST-ZIP	PALM BCH GDNS FL 33418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LICATA, SALVATORE	
STREET ADDRESS	15314 74TH AVE., N.	
CITY-ST-ZIP	PALM BCH GDNS FL 33418	
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 33418	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LICATA, KEVIN	
STREET ADDRESS	15356 74TH AVENUE NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD LICATA, VINCENT
4.3 STREET ADDRESS	15314 74TH AVE. N.
4.4 CITY-ST-ZIP	PALM BCH GDNS, FL 33418
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Rita B. Licata RITA B. LICATA TREAS. 3/24/97 561 848-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)