Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90136 027 ***158.75

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

PROFIT ' CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H08844

MEDALLI	ON HOMES GULF COAST	, INC.			ONNY DIANY ARIAN DIGIN ARIAN IDAN
Principal Place	of Business	Mailing Address			
4832 78TH ST E BRADENTON FL 34203		4832 78TH ST E 2329 NORTH TAMMANI TRAIL BRADENTON FL 34203	-	DO NOT WRITE IN THI	S SPACE
US		US		Date Incorporated or Qualifed 06/21/1984	
2. Principal Place of Business 2a.		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2421001	Not Applicable \$8.75 Additional
22	m, 010.	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation owes the current year la	
24	25	1	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	04 1	10. Name and Address of New Registered	J Agent
WICH	(, DAVID		81 Name	:	
4832 78TH ST E			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34203			83		
			84 City		85 Zip Code
				FI	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig-	e of Florida. Such change was au	inorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the submit of the purpose of the purp	of changing its registered ointment as registered
SIGNATURE				nd when reinstating) DATE	
12.			Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	DP OF THE EACH	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WICK, DAVID		1.2 NAME	•	
STREET ADDRESS	2000 ALAMEDA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	VP	☐ DELETE	2.1 TITLE	÷	Change Madison
NAME	BERUFF, CARLOS 4476 ASCOT CIRCLE N		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL 34235		2.4 CITY-ST-ZIP	·	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAVIN, THOMAS M.		3.2 NAME		
STREET ADDRESS	4427 51ST ST E		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C/TY-ST-Z/P 5.1 TITLE		Change Addition
NAME		<u> </u>	5.2 NAME	•	_
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · · -	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		1
	l .		63 STREET ADDRESS		Į.

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

753-6000