

DEPARTMENT OF STATE AFTER MAY 1ST IS \$550.00

FILED

Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90005 005 ****150.00

DOCUMENT # P97000041584

Corporation Name
SONNY & VITO'S SPORTING GOODS, INC.

Principal Place of Business
12 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE FL 34952

Mailing Address
7212 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	05/09/1997
4. FEI Number	65-0757399
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Principal Place of Business	2a. Mailing Address
26	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	27
City & State	City & State
28	28
Zip	Zip
29	30

9. Name and Address of Current Registered Agent

PISCIOTTA, VITO
SONNY & VITO'S SPORTING GOODS, INC.
7212 SOUTH U.S. HIGHWAY 1
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	1.1 TITLE
NAME PISCIOTTA, VITO	1.2 NAME
STREET ADDRESS 7212 SOUTH U.S. HIGHWAY 1	1.3 STREET ADDRESS
CITY-ST-ZIP PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	2.1 TITLE
NAME PISCIOTTA, SYLVESTER	2.2 NAME
STREET ADDRESS 7212 SOUTH U.S. HIGHWAY 1	2.3 STREET ADDRESS
CITY-ST-ZIP PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	3.1 TITLE
NAME PISCIOTTA, ANTIONETTE	3.2 NAME
STREET ADDRESS 7212 SOUTH U.S. HIGHWAY 1	3.3 STREET ADDRESS
CITY-ST-ZIP PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	6.1 TITLE
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, with all other like empowered.

SIGNATURE: S. Pisciotta REQUIRED

1-14-99

461-878-2012

CR2E034 (1/98)