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 # **P97000046099**1. Corporation Name

MEDALLION REALTY, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90077 034 ***150.00



Principal Plac	e of Business	Mailing Address			
1609 Balihai (Gulf Breeze		1609 BALIHAI COURT GULF BREEZE FL 32561		DO NOT WRITE IN THI	S SPACE
1				3. Date Incorporated or Qualifed 05/23/1997	
2. Principal P	Mace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /100	LAGUNA LANE	26 1106 LAGU	NA LANE	59-3449241	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
1 City & Star	FBeaux FL	City & State 28 GULF BREELE		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 3 25	Country 25 U SA	Zip 29 3256/ 36	Country 0 USA	This corporation owes the current year I Personal Property Tax.	☐ Yes XINo
	9. Name and Address of Curre	nt Registered Agent	-1.	10. Name and Address of New Registere	d Agent
CDA	NT CANDDA I		81 Name		
	NZ, SANDRA L			ress (P.O. Box Number is Not Acceptable)	
1609 Balihai CT Gulf Breeze Fl 32561				OG LAGUNA LANE	
GUL	F DREEZE FL 32301		83		
}			84 City		85 Zip Code
Ì				LE BROSSE F	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was auth	norized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered ointment as registered
1		aligns of, Section bor .0303, Fibria	a otatates.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating} OATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE		Change
NAME	Franz, Sandra L		1.2 NAME	and and a solice	
STREET ADDRESS	1609 BALIHAI CT		13 STREET ADDRESS	106 LAGUNA LANE GULF BESTE, FL 3250	
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CiTY-ST-ZIP	GULF BEARE, FL 3250	L
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	3		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	1		32 NAME		
STREET ADDRESS	3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	5		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DÉLETE	5.1 TITLE		Change Addition
NAME	1		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		
(6.3 STREET ADDRESS		
STREET ADDRESS	:		0.3 STALLT ADDITEOU		and the second s

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.

6.4 CITY-ST-ZIP

SIGNATURE: