FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **136947** **(9)**

1. Corporation Name
FLORIDA SPORTSERVICE, INC.

Principal Place of Business	Mailing Address
438 MAIN ST BUFFALO N Y 14202	438 MAIN ST BUFFALO N Y 14202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1939**	3a. Date of Last Report: **05/01/1994**
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: **16-0435033** ☐ 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	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (DATE)
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VT	☐ Change ☒ Addition
NAME	THOMPSON, MICHAEL F.	12 NAME	SMITH, GORDON C.	
STREET ADDRESS	438 MAIN ST	13 STREET ADDRESS	438 MAIN ST	
CITY ST ZIP	BUFFALO, NY 00000	14 CITY ST ZIP	BUFFALO, NY	
TITLE	D	21 TITLE	DELETE	☐ Change ☐ Addition
NAME	SZEFEL, DENNIS J.	22 NAME	SZEFEL, DENNIS J.	
STREET ADDRESS	438 MAIN ST	23 STREET ADDRESS	438 MAIN ST	
CITY ST ZIP	BUFFALO, NY 00000	24 CITY ST ZIP	BUFFALO, NY	
TITLE	VT	31 TITLE	D	☒ Change ☐ Addition
NAME	RAHUBA, JESSICA	32 NAME	RAHUBA, JESSICA	
STREET ADDRESS	438 MAIN ST	33 STREET ADDRESS	438 MAIN ST	
CITY ST ZIP	BUFFALO, NY 00000	34 CITY ST ZIP	BUFFALO, NY	
TITLE	V	41 TITLE	D	☐ Change ☒ Addition
NAME	DANIELS, NORMAN W	42 NAME	KELLER, BRYAN J.	
STREET ADDRESS	438 MAIN ST	43 STREET ADDRESS	438 MAIN ST	
CITY ST ZIP	BUFFALO, NY 00000	44 CITY ST ZIP	BUFFALO, NY	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	TRYBUS, JANICE R.	52 NAME		
STREET ADDRESS	438 MAIN ST	53 STREET ADDRESS		
CITY ST ZIP	BUFFALO, NY 00000	54 CITY ST ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, DAVID J. G.	62 NAME		
STREET ADDRESS	438 MAIN ST	63 STREET ADDRESS		
CITY ST ZIP	BUFFALO, NY 00000	64 CITY ST ZIP		

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)(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: _____ Secy JANICE R. TRYBUS 4/28/95 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0001000 CP