

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 136947 (9)
1. Corporation Name
FLORIDA SPORTSERVICE, INC.

Principal Place of Business
438 MAIN ST
BUFFALO NY 14202

Mailing Address
438 MAIN ST
BUFFALO NY 14202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1939	
21		26		4. FEI Number 16-0435033	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPOO	1.1 TITLE	TREASURER
NAME	SMITH, GORDON C	1.2 NAME	ELLEN F. JTT
STREET ADDRESS	438 MAIN ST	1.3 STREET ADDRESS	438 MAIN ST.
CITY-ST-ZIP	BUFFALO, NY 00000	1.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	D	2.1 TITLE	
NAME	RAHUBA, JESSICA	2.2 NAME	
STREET ADDRESS	438 MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	DIRECTOR/PRESIDENT
NAME	DANIELS, NORMAN W	3.2 NAME	NANCY J. PARKER
STREET ADDRESS	438 MAIN ST	3.3 STREET ADDRESS	438 MAIN ST.
CITY-ST-ZIP	BUFFALO, NY 00000	3.4 CITY-ST-ZIP	BUFFALO, NY 14202
TITLE	S	4.1 TITLE	
NAME	TRYBUS, JANICE R.	4.2 NAME	
STREET ADDRESS	438 MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 00000	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	CHAMBERS, DAVID J. G.	5.2 NAME	
STREET ADDRESS	438 MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO, NY 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	DIRECTOR
NAME		6.2 NAME	BRYAN J. KELLER
STREET ADDRESS		6.3 STREET ADDRESS	438 MAIN ST.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BUFFALO, NY 14202

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.

CR2E034 (10/97)