

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 136947 (9)**

1. Corporation Name  
**FLORIDA SPORTSERVICE, INC.**

Principal Place of Business <b>438 MAIN ST                  BUFFALO NY 14202</b>	Mailing Address <b>438 MAIN ST                  BUFFALO NY 14202</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/06/1939</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country
4. FEI Number <b>16-0435033</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				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 \_\_\_\_\_  
Signature, 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	VPOO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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)