

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 176875 (3)
1. Corporation Name
EVERGLADES SPORTSERVICE INC



Principal Place of Business Mailing Address
438 MAIN ST 438 MAIN ST
BUFFALO NY 14202 BUFFALO NY 14202

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1954		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 16-0778226		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAHUBA, JESSICA			1.2 NAME	GREEN, EDWARD L		
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	PD	<input type="checkbox"/> DELETE		2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, MICHAEL F			2.2 NAME	LIBERTO, NICHOLAS		
STREET ADDRESS	438 MAIN ST			2.3 STREET ADDRESS	438 MAIN ST		
CITY-ST-ZIP	BUFFALO, NY 00000			2.4 CITY-ST-ZIP	BUFFALO, NY 14202		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAMBERS, DAVID J. G.			3.2 NAME	JACOBS, JEREMY M., JR.		
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	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, NORMAN W.			4.2 NAME			
STREET ADDRESS	438 MAIN ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLER, BRYAN J			5.2 NAME			
STREET ADDRESS	438 MAIN ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRYBUS, JANICE R.			6.2 NAME			
STREET ADDRESS	438 MAIN ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO, NY 00000			6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP - NORMAN W. DANIELS 4/8/96 (716) 858-5000

Date

Daytime Phone #

CR2E034 (12/95)