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FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **820890**

(2)

1. Corporation Name
SPORTSERVICE CORPORATION

Principal Place of Business
**438 MAIN STREET
BUFFALO NEW YORK 14202**

Mailing Address
**438 MAIN STREET
BUFFALO NEW YORK 14202-3207**

3. Date Incorporated or Qualified 11/13/1967	3a. Date of Last Report 04/17/1996
4. FEI Number 16-0848422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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
	85 Zip Code FL

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	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRYBUS, JANICE R.	1.2 NAME	
STREET ADDRESS	438 MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	1.4 CITY-ST-ZIP	
TITLE	VO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GORDON C	2.2 NAME	
STREET ADDRESS	438 MAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BRYAN J.	3.2 NAME	
STREET ADDRESS	438 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHUBA, JESSICA	4.2 NAME	
STREET ADDRESS	438 MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JEREMY	5.2 NAME	JACOBS, JEREMY M., JR.
STREET ADDRESS	438 MAIN STREET	5.3 STREET ADDRESS	438 MAIN ST
CITY-ST-ZIP	BUFFALO NY	5.4 CITY-ST-ZIP	BUFFALO NY
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, NORMAN W.	6.2 NAME	
STREET ADDRESS	438 MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____

NORMAN W. DANIELS 4/9/97 (716) 858-56

CR2E034 (9/96)