FILE WITH $5.00 FEE AFTER MAY 1 BUT BEFORE JULY 1

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 APR 18 PM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35848** **(1)**

1. Corporation Name

EBONITE RECREATION CENTERS, INC.

Principal Place of Business	Mailing Address
2750 STICKNEY PT RD STE 210 SARASOTA FL 34231 US	2750 STICKNEY PT RD STE 210 SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 2201 CANTU COURT	26 2201 CANTU COURT
22 Suite, Apt. #, etc. Ste 116	27 Suite, Apt. #, etc. Ste 116
23 City & State SARASOTA, FL	28 City & State SARASOTA, FL
24 Zip 34232 25 Country SARASOTA	29 Zip 34232 30 Country SARASOTA

4. FEI Number: 65-0286989 ☐ 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	10. Name and Address of New Registered Agent
FAZIO, DONALD T 2750 STICKNEY POINT ROAD SUITE 210 SARASOTA FL 34231 Change of address only	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU COURT 83 Ste 116 84 City SARASOTA FL 85 Zip Code 34232

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: X [signature] X 4/10/95
Signature, typed or printed name of registered agent (if not applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TUTTLEMAN, STANLEY C.	1.2 NAME	
STREET ADDRESS	375 N HIGHLAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERION STATION PA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHEID, WILLIAM T.	2.2 NAME	
STREET ADDRESS	1329 SHALLOW LAKE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOPKINSVILLE KY	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	LUNCEFORD, ROBERT H. JR.	3.2 NAME	FAZIO, DONALD T
STREET ADDRESS	2539 DAKOTA TRAIL	3.3 STREET ADDRESS	579 PINE RANCH EAST Rd
CITY-ST-ZIP	FERN PARK FL	3.4 CITY-ST-ZIP	OSPREY, FL 34229
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	TUTTLEMAN, STEVEN M.	4.2 NAME	
STREET ADDRESS	40 BEDFORD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	MALLOY, THOMAS V., JR	5.2 NAME	
STREET ADDRESS	24 MARINA VILLAGE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM SC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added by attachment with an address.

SIGNATURE: X [signature] X 4/10/95 (813) 378-9948
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0336644 CP