FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

EBONITE RECREATION CENTERS, INC.

Principal Place of Business	Mailing Address
2201 CANTU COURT SUITE 116 SARASOTA FL 34232 US	2201 CANTU COURT SUITE 116 SARASOTA FL 34232 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **10/09/1991**

3a. Date of Last Report: **04/18/1995**

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

FAZIO, DONALD T
2201 CABTY CIYRT
SUITE 116
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 2201 CANTU CT.

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	TUTTLEMAN, STANLEY C.		12 NAME	
STREET ADDRESS	375 N HIGHLAND AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	MERION STATION PA		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SCHEID, WILLIAM T.		22 NAME	
STREET ADDRESS	1329 SHALLOW LAKE CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP	HOPKINSVILLE KY		24 CITY-ST-ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FAZIO, DONALD T		32 NAME	
STREET ADDRESS	579 PINE RANCH EAST RD.		33 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL		34 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TUTTLEMAN, STEVEN M.		42 NAME	
STREET ADDRESS	40 BEDFORD STREET		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MALLOY, THOMAS V., JR		52 NAME	
STREET ADDRESS	24 MARINA VILLAGE WAY		53 STREET ADDRESS	
CITY-ST-ZIP	SALEM SC		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete 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 above, if changed, added or deleted, with an address.

SIGNATURE: _____ 3/20/96 941-378-9448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #