

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

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P35848**  
1. Corporation Name  
**EBONITE RECREATION CENTERS, INC.**

Principal Place of Business <b>2201 CANTU COURT SUITE 116 SARASOTA, FL. 34232 US</b>	Mailing Address <b>2201 CANTU COURT SUITE 116 SARASOTA, FL. 34232 US</b>
---	---

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

3. Date Incorporated or Qualified <b>10/09/1991</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>65-0286989</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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THOMAS MALLOY 2201 CANTU COURT SUITE 116 SARASOTA, FL. 34232</b>
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2201 CANTU CT.</b> 83 84 City <b>FL</b> 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TUTTLEMAN, STANLEY C.</b>
STREET ADDRESS	<b>375 N HIGHLAND AVENUE</b>
CITY-STATE-ZIP	<b>MERION STATION, PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SCHEID, WILLIAM T.</b>
STREET ADDRESS	<b>1329 SHALLOW LAKE CIRCLE</b>
CITY-STATE-ZIP	<b>HOPKINSVILLE, KY.</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P FAZIO, DONALD T.</b>
STREET ADDRESS	<b>579 PINE RANCH EAST RD.</b>
CITY-STATE-ZIP	<b>OSPREY, FL.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD TUTTLEMAN, STEVEN M.</b>
STREET ADDRESS	<b>40 BEDFORD STREET</b>
CITY-STATE-ZIP	<b>NEW YORK, N.Y.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P TD MALLOY, THOMAS V., JR.</b>
STREET ADDRESS	<b>24 MARINA VILLAGE WAY</b>
CITY-STATE-ZIP	<b>SALEM, S.C.</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I, the undersigned, 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: *Thomas Malloy* 3/19/97 941-378-9948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)