

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PH 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **136947** (9)

1. Corporation Name
FLORIDA SPORTSERVICE, INC.

Principal Place of Business Mailing Address
438 MAIN ST 438 MAIN ST
BUFFALO N Y 14202 BUFFALO N Y 14202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/06/1939** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **16-0435033** 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

**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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of current name of registered agent and title if applicable)

(Signature of Registered Agent (signature required when installing))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE **PD**
12.2 NAME **THOMPSON, MICHAEL F.**
12.3 STREET ADDRESS **438 MAIN ST**
12.4 CITY, ST, ZIP **BUFFALO, NY 00000**

12.1 TITLE **D**
12.2 NAME **SZEFEL, DENNIS J.**
12.3 STREET ADDRESS **438 MAIN ST**
12.4 CITY, ST, ZIP **BUFFALO, NY 00000**

12.1 TITLE **VT**
12.2 NAME **RAHUBA, JESSICA**
12.3 STREET ADDRESS **438 MAIN ST**
12.4 CITY, ST, ZIP **BUFFALO, NY 00000**

12.1 TITLE **V**
12.2 NAME **DANIELS, NORMAN W**
12.3 STREET ADDRESS **438 MAIN ST**
12.4 CITY, ST, ZIP **BUFFALO, NY 00000**

12.1 TITLE **S**
12.2 NAME **TRYBUS, JANICE R.**
12.3 STREET ADDRESS **438 MAIN ST**
12.4 CITY, ST, ZIP **BUFFALO, NY 00000**

12.1 TITLE **AS**
12.2 NAME **CHAMBERS, DAVID J. G.**
12.3 STREET ADDRESS **438 MAIN ST**
12.4 CITY, ST, ZIP **BUFFALO, NY 00000**

13.1 TITLE **VT** Change Addition
13.2 NAME **SMITH, GORDON C.**
13.3 STREET ADDRESS **438 MAIN ST**
13.4 CITY, ST, ZIP **BUFFALO, NY**

13.1 TITLE **DELETE** Change Addition
13.2 NAME **SZEFEL, DENNIS J.**
13.3 STREET ADDRESS **438 MAIN ST**
13.4 CITY, ST, ZIP **BUFFALO, NY**

13.1 TITLE **D** Change Addition
13.2 NAME **RAHUBA, JESSICA**
13.3 STREET ADDRESS **438 MAIN ST**
13.4 CITY, ST, ZIP **BUFFALO, NY**

13.1 TITLE **D** Change Addition
13.2 NAME **KELLER, BRYAN J.**
13.3 STREET ADDRESS **438 MAIN ST**
13.4 CITY, ST, ZIP **BUFFALO, NY**

13.1 TITLE Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

13.1 TITLE Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 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)(b), 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 *Janice R. Trybus* Secy **JANICE R. TRYBUS**, 4/24/95 (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR