

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 136947 (9)

1. Corporation Name
FLORIDA SPORTSERVICE, INC.



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

3. Date Incorporated or Qualified: **01/06/1939**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	16-0435033	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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, applicable

NOTE: Registered Agent signature required when constituting

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, MICHAEL F.	
STREET ADDRESS	438 MAIN ST	
CITY - ST - ZIP	BUFFALO, NY 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SMITH, GORDON C	
STREET ADDRESS	438 MAIN ST	
CITY - ST - ZIP	BUFFALO, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAHUBA, JESSICA	
STREET ADDRESS	438 MAIN ST	
CITY - ST - ZIP	BUFFALO, NY 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIELS, NORMAN W	
STREET ADDRESS	438 MAIN ST	
CITY - ST - ZIP	BUFFALO, NY 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRYBUS, JANICE R.	
STREET ADDRESS	438 MAIN ST	
CITY - ST - ZIP	BUFFALO, NY 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHAMBERS, DAVID J. G.	
STREET ADDRESS	438 MAIN ST	
CITY - ST - ZIP	BUFFALO, NY 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREEN, EDWARD L.	
1.3 STREET ADDRESS	438 MAIN ST	
1.4 CITY - ST - ZIP	BUFFALO, NY 14202	
2. TITLE	V-OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, GORDON C.	
2.3 STREET ADDRESS	438 MAIN ST	
2.4 CITY - ST - ZIP	BUFFALO, NY 14202	
3. TITLE	V-FIN/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LIBERTO, NICHOLAS	
3.3 STREET ADDRESS	438 MAIN ST	
3.4 CITY - ST - ZIP	BUFFALO, NY 14202	
4. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACOBS, JEREMY M., JR.	
4.3 STREET ADDRESS	438 MAIN ST	
4.4 CITY - ST - ZIP	BUFFALO, NY 14202	
5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KELLER, BRYAN J.	
5.3 STREET ADDRESS	438 MAIN ST	
5.4 CITY - ST - ZIP	BUFFALO, NY 14202	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 in an attachment with an address.

SIGNATURE: **VP - NORMAN W. DANIELS** **4/8/96** **(716) 858-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)