

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

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 14202-3207

3. Date Incorporated or Qualified: 01/06/1939
3a. Date of Last Report: 04/17/1996
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, MICHAEL F.	
STREET ADDRESS	438 MAIN ST	
CITY-ST-ZIP	BUFFALO, NY 00000	
TITLE	VPOO	<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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 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 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: NORMAN W. DANIELS DATE: 4/9/97 DAYTIME PHONE: (716) 858-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)