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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # P35848 (1)**

1. Corporation Name  
**EBONITE RECREATION CENTERS, INC.**

Principal Place of Business	Mailing Address
2750 STICKNEY PT RD STE 210 SARASOTA FL 34231 US	2750 STICKNEY PT RD STE 210 SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/09/1991</b>	3a. Date of Last Report <b>04/08/1994</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</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2201 CANTU COURT</b>	26 <b>2201 CANTU COURT</b>
Suite, Apt. #, etc. 22 <b>Ste 116</b>	Suite, Apt. #, etc. 27 <b>Ste 116</b>
City & State 23 <b>SARASOTA, FL</b>	City & State 28 <b>SARASOTA, FL</b>
Zip 24 <b>34232</b>	Country 25 <b>SARASOTA</b>
Country 29 <b>SARASOTA</b>	Zip 30 <b>34232</b>

9. Name and Address of Current Registered Agent

**FAZIO, DONALD T**  
**2750 STICKNEY POINT ROAD**  
**SUITE 210**  
**SARASOTA FL 34231**

*Change of address only*

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2201 CANTU COURT</b>
83	<b>Ste 116</b>
84 City	<b>SARASOTA</b>
FL 85	Zip Code <b>34232</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]* DATE: **x 4/10/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>TUTLEMAN, STANLEY C.</b>
STREET ADDRESS	<b>375 N HIGHLAND AVENUE</b>
CITY - ST - ZIP	<b>MERION STATION PA</b>
TITLE	<b>D</b>
NAME	<b>SCHEID, WILLIAM T.</b>
STREET ADDRESS	<b>1329 SHALLOW LAKE CIRCLE</b>
CITY - ST - ZIP	<b>HOPKINSVILLE KY</b>
TITLE	<b>P</b>
NAME	<b>LUNCEFORD, ROBERT H. JR.</b>
STREET ADDRESS	<b>2539 DAKOTA TRAIL</b>
CITY - ST - ZIP	<b>FERN PARK FL</b>
TITLE	<b>SD</b>
NAME	<b>TUTLEMAN, STEVEN M.</b>
STREET ADDRESS	<b>40 BEDFORD STREET</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>
TITLE	<b>TD</b>
NAME	<b>MALLOY, THOMAS V., JR</b>
STREET ADDRESS	<b>24 MARINA VILLAGE WAY</b>
CITY - ST - ZIP	<b>SALEM SC</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - 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 - 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P FAZIO, DONALD T</b>
3.3 STREET ADDRESS	<b>579 PINE RANCH EAST Rd</b>
3.4 CITY - ST - ZIP	<b>OSPREY, FL 34229</b>
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 provided 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 given attachment with an address.

SIGNATURE: *[Signature]* DATE: **x 4/10/95 (813) 378-9948**