

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35848** (1)

1. Corporation Name
EBONITE RECREATION CENTERS, INC.



Principal Place of Business: **2201 CANTU COURT SUITE 116 SARASOTA FL 34232 US**
Mailing Address: **2201 CANTU COURT SUITE 116 SARASOTA FL 34232 US**

3. Date Incorporated or Qualified: **10/09/1991**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **65-0286989** 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 Country. 24
2a. Mailing Address: 26 Suite, Apt., etc. 27 City & State. 28 Zip Country. 29 30

9. Name and Address of Current Registered Agent

**FAZIO, DONALD T
2201 CABTY CYRT
SUITE 116
SARASOTA FL 34232**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2201 CANTU CT.
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-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)(c), 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 a trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, whichever is appropriate, with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 941-318-9448
DATE OF FILING

CR2E084 (12/95)