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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35848

1. Corporation Name
EBONITE RECREATION CENTERS, INC.

Principal Place of Business
322 E. JAMES CAMPBELL BLVD
COLUMBIA TN 38401
US

Mailing Address
322 E. JAMES CAMPBELL BLVD
COLUMBIA TN 38401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1991

2. Principal Place of Business
EBONITE RECREATION CENTERS, INC.

2a. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
65-0286989

Applied For
Not Applicable

22 322 E. JAMES CAMPBELL BLVD
City & State

28
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 COLUMBIA, TN
Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

24 38401 25 USA 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
MALLOY, THOMAS T
5215 30TH ST. EAST
SUITE 116
BRADENTON FL 34203

10. Name and Address of New Registered Agent
81 Name
MORGAN R. BENTLEY, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
C/O WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN
83
200 SOUTH ORANGE AVENUE
84 City
SARASOTA FL 85 Zip Code
34236

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 *Morgan R. Bentley* (NOTE: Registered Agent signature required when reinstating) DATE 5/26/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	TUTTLEMAN, STANLEY C.	375 N HIGHLAND AVENUE	MERION STATION PA	<input checked="" type="checkbox"/>
D	SCHEID, WILLIAM T.	1329 SHALLOW LAKE CIRCLE	HOPKINSVILLE KY	<input checked="" type="checkbox"/>
SD	TUTTLEMAN, STEVEN M.	40 BEDFORD STREET	NEW YORK NY	<input type="checkbox"/>
PTD	MALLOY, THOMAS V., JR	24 MARINA VILLAGE WAY	SALEM SC	<input type="checkbox"/>
TREASURER	LARRY C. MCCUTCHEON	537 PINE CIRCLE	HOHENWALD, TN. 38462	<input type="checkbox"/>
SECRETARY	MELINDA A. MCDAVID	1265 JOSTIN DRIVE	CLARKSVILLE, TN. 37040	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 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, with all other like empowered.

SIGNATURE: *Larry C. McCutcheon* LARRY C. MCCUTCHEON - TREASURER 4/24/99 931-380-2092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)