FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996 96

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

FILED
96 NOV 13 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H92754

1. Corporation Name
FAT CHANCE, INC.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
	PO Box 4429 Winter Park FL 32793

3. Date Incorporated or Qualified: 12-31-85
3a. Date of Last Report: 5-1-95

2. Principal Place of Business	21	4261 Benedictine	
	22	Suite, Apt. #, etc.	
	23	City & State: Orlando FL	
	24	Zip: 32812	25 Country
2a. Mailing Address	26	PO Box 4429	
	27	Suite, Apt. #, etc.	
	28	City & State: Winter Park FL	
	29	Zip: 32793	30 Country

4. FEI Number: 59-2751081 ☐ 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

9. Name and Address of Current Registered Agent

Jon C Peterson
2431 Aloma Ave
Winter Park FL 32792

10. Name and Address of New Registered Agent

81 Name: Linda WINGFIELD
82 Street Address (P.O. Box Number is Not Acceptable): 4261 Benedictine Cir
83
84 City: ORLANDO FL 85 Zip Code: 32812

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: Linda WINGFIELD — Signature, typed or printed name of registered agent and title if applicable.
Linda Wingfield — (NOTE: Registered Agent signature required when reinstating)
DATE: 5/1/96

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	PD	
NAME	PETERSON, JON	
STREET ADDRESS	PO BOX 4429 N/A	
CITY-ST-ZIP	Winter Park FL 32793	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☒ Addition
1.1 TITLE	VP	
1.2 NAME	Linda Wingfield	
1.3 STREET ADDRESS	4261 Benedictine Cir.	
1.4 CITY-ST-ZIP	Orlando FL 32812	
2.1 TITLE	300002009343--8	☐ Change ☐ Addition
2.2 NAME	-11/20/96--01025--003	
2.3 STREET ADDRESS	****150.00	****150.00
2.4 CITY-ST-ZIP		
3.1 TITLE	300002009343--8	☐ Change ☐ Addition
3.2 NAME	-11/20/96--01025--004	
3.3 STREET ADDRESS	****225.00	****225.00
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E039 (11/95)

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)(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: Linda Wingfield — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
5/1/96 — Date
407 894-2515 — Daytime Phone #