

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M64360** (4)

1. Corporation Name

UNCLE HENRY'S, INC.



Principal Place of Business

P.O. BOX 1425
BOCA RATON FL 33921
US

Mailing Address

P.O. BOX 1425
BOCA RATON FL 33921
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

FARR, EARL DRAYTON, JR.
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	VAN CLIEF, MARY ANN	DELETE
STREET ADDRESS			126 EAST 56 ST.	
CITY-STATE-ZIP			NEW YORK NY	
TITLE	D	NAME	HALL, VALERIE	DELETE
STREET ADDRESS			7290 COLLEGE PARKWAY	
CITY-STATE-ZIP			FT MYERS FL	
TITLE	AVP	NAME	BIGGS, VICTOR	DELETE
STREET ADDRESS			5800 GASPARILLA ROAD	
CITY-STATE-ZIP			BOCA RATON FL	
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-STATE-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-STATE-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-STATE-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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)(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 on an attachment with an address.

SIGNATURE:

Mary Ann Van Clief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

3-12-96

941 964-2300

CR2E034 (12/95)