

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92962 (3)

1. Corporation Name:
UNCLE FAT'S, INC.



Principal Place of Business 8745 TEMPLE TERR HGH (TAMPA, FL 33612) P.O. BOX 290063 TEMPLE TERRACE FL 33687	Mailing Address 8745 TEMPLE TERR HGH (TAMPA, FL 33612) P.O. BOX 290063 TEMPLE TERRACE FL 33687-0063
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3. Date Incorporated or Qualified 08/05/1988	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2930805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 X 8745 TEMPLE TERRACE HWY Suite, Apt. #, etc.	2a. Mailing Address 26 X 6916 LYNWOOD DR Suite, Apt. #, etc.
22 TAMPA FLORIDA City & State	27 TAMPA FLORIDA City & State
23 33637 Zip	28 33637 Zip
24 FLORIDA Country	29 FLORIDA Country
25 HILLSBOROUGH City & State	30 HILLSBOROUGH City & State

9. Name and Address of Current Registered Agent

**MCGINNIS, J.S.
9216 KNIGHTS BRANCH STREET
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name
X EUGENE R WAGNER

82 Street Address (P.O. Box Number is Not Acceptable)
6916 LYNWOOD DR

83 **TAMPA**

84 City **TAMPA** FL 85 Zip Code **33637**

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: **EUGENE R WAGNER** (Signature) DATE: **1-22-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGINNIS, TERI	
STREET ADDRESS	9216 KNIGHTS BRANCH ST	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	X PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WAGNER EUGENE R.	
1.3 STREET ADDRESS	6916 LYNWOOD DR	
1.4 CITY-ST-ZIP	TAMPA FLA 33637	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 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: **EUGENE R WAGNER** (Signature) DATE: **1-22-97** Daytime Phone #: **813 987-2382**

CR2E034 (9/96)