

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K98682

(3)

1. Corporation Name

SYMPATICO FARM, INC.



Principal Place of Business

222 LAKEVIEW AVE. PHS 5  
APT 1206  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE. PHS 5  
APT 1206  
WEST PALM BEACH FL 33401

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

g. Name and Address of Current Registered Agent

MORRISON, CARLA  
222 LAKEVIEW AVE PH5  
WEST PALM BEACH, FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
06/26/1989

3a. Date of Last Report  
04/28/1995

4. FEI Number

65-0129267

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(12) and 607.15(6), 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 607.05(6), Florida Statutes.

SIGNATURE

Signed by the person who is authorized to sign for the corporation.

Signed by the person who is authorized to sign for the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
MORRISON, CARLA  
222 LAKEVIEW AVE, PH-5  
W PALM BCH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP

☐ Change ☐ Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY - ST - ZIP

☐ Change ☐ Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information included 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 registered agent 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director

407/832-6070

CR2E034 (12/95)