

**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 # J69916 (1)**  
1. Corporation Name  
**LUCAS FARM, INC.**



Principal Place of Business: **18215 COLLINS AVE. MIAMI BEACH FL 33160**  
Mailing Address: **18215 COLLINS AVE. MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified: **04/28/1987**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **65-0213107**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21. Subv. Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LUCAS, F.W.  
18215 COLLINS AVE.  
MIAMI BEACH FL 33160**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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

Signature of Special Agent in Charge, Agent and the Corporation

(NOTE: Registered Agent Signatures must be witnessed)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS  
 DELETE  
 1. TITLE: **DP**  
 2. NAME: **LUCAS, FRANCIS W.**  
 3. STREET ADDRESS: **18215 COLLINS AVENUE**  
 4. CITY-ST-ZIP: **MIAMI BEACH FL 33160**  
 DELETE  
 2. TITLE: **D**  
 3. NAME: **LUCAS, RUTH K.**  
 4. STREET ADDRESS: **18215 COLLINS AVE.**  
 5. CITY-ST-ZIP: **MIAMI BEACH FL 33160**  
 DELETE  
 3. TITLE: **DVP**  
 4. NAME: **LUCAS, ROBERT**  
 5. STREET ADDRESS: **18215 COLLINS AVE.**  
 6. CITY-ST-ZIP: **MIAMI BEACH FL 33160**  
 DELETE  
 DELETE  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 Change  Addition  
 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-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)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis W. Lucas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Francis W. Lucas**

*Pro*  
2-1-96

CR2E034 (12/95)