

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000083776 (2)**

1. Corporation Name  
**LARGAY FARMS, INC.**



Principal Place of Business: **9501 N.W. 106TH ST. MIAMI FL 33178**  
Mailing Address: **9501 N.W. 106TH ST. MIAMI FL 33178**

3. Date Incorporated or Qualified: **11/16/1994**  
3a. Date of Last Report: **02/07/1995**

21	2. Principal Place of Business <b>9401 N.W. 106th St.</b>	26	2a. Mailing Address <b>9401 N.W. 106th St.</b>	4.	FEI Number <b>65-0536997</b>	Applied For			
	Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>			
23	City & State <b>Medley, FL</b>	28	City & State <b>Medley, FL</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>			
24	Zip <b>33178</b>	25	Country <b>Dade</b>	29	Zip <b>33178</b>	30	Country <b>Dade</b>	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

**BARNETT ROBINSON, JR., P.A.  
2255 GLADES RD.  
SUITE 319 ATRIUM  
BOCA RATON FL 33431**

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARGAY, CHARLES E</b>	1.2 NAME	
STREET ADDRESS	<b>9501 N W 106TH ST</b>	1.3 STREET ADDRESS	<b>9401 NW 106th St., Ste. 101</b>
CITY-ST-ZIP	<b>MEDLEY FL</b>	1.4 CITY-ST-ZIP	<b>Medley, FL 33178</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARGAY, CHARLES E JR</b>	2.2 NAME	
STREET ADDRESS	<b>9501 NW 106TH ST</b>	2.3 STREET ADDRESS	<b>9401 NW 106th St., Ste. 101</b>
CITY-ST-ZIP	<b>MEDLEY FL</b>	2.4 CITY-ST-ZIP	<b>Medley, FL 33178</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNEY, C JULIUS</b>	3.2 NAME	
STREET ADDRESS	<b>9501 NW 106TH ST</b>	3.3 STREET ADDRESS	<b>9401 NW 106th St. Ste. 101</b>
CITY-ST-ZIP	<b>MEDLEY FL</b>	3.4 CITY-ST-ZIP	<b>Medley, FL 33178</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOWLES, JANET</b>	4.2 NAME	
STREET ADDRESS	<b>9501 NW 107TH ST</b>	4.3 STREET ADDRESS	<b>9401 NW 106th St. Ste. 101</b>
CITY-ST-ZIP	<b>MEDLEY FL</b>	4.4 CITY-ST-ZIP	<b>Medley, FL 33178</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Janet Knowles AS*  
Janet Knowles, Assistant Secy.

4/12/96 305-885-2458

Date Day, the Phone #

CR2E034 (12/95)