

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 # S19948 (6)

1. Corporation Name  
L.A. FARMS, INC.



Principal Place of Business

Mailing Address

7070 HILLSBORO CANAL RD  
POMPANO BEACH FL 33067

7070 HILLSBORO CANAL RD  
POMPANO BEACH FL 33067

2. Principal Place of Business  
21 9437 STATE ROAD 7

2a. Mailing Address  
26 9437 STATE ROAD 7

3. Date Incorporated or Qualified  
12/20/1990

3a. Date of Last Report  
05/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
65-0233344

Applied For  
Not Applicable

22 City & State  
23 BOYNTON BEACH FL

27 City & State  
28 BOYNTON BEACH FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33437 25 Country USA

29 Zip 33437 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOOWAL, LOIS J.  
7070 HILLSBORO CANAL RD  
POMPANO BEACH FL 33067

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
9437 STATE ROAD 7  
83  
84 City BOYNTON BEACH FL 85 Zip Code 33437

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 officer, if provided

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

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SOOWAL, ANDREW H.  
STREET ADDRESS 7070 HILLSBORO CANAL RD  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE  
NAME SOOWAL, LOIS J.  
STREET ADDRESS 7070 HILLSBORO CANAL RD  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 9437 STATE ROAD 7  
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33437

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9437 STATE ROAD 7  
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33437

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Lois Soowal, Owner (Lois Soowal)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(407) 731-2966

DATE

CR2E034 (12/95)