

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90061 015 ***150.00

DOCUMENT # 476870

1. Corporation Name

NEAL FARMS MARKET, INC.

Principal Place of Business

103 N.E. 1ST STREET
DELRAY BEACH FL 33444

Mailing Address

103 N.E. 1ST STREET
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1975

4. FEI Number

59-1629657

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

DITTMAN, ROBERT A
501 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

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
ROBERT L. GOLUBSKI, C.P.A.
1001 W. CYPRESS CREEK ROAD
SUITE 410, EXECUTIVE OFFICE PARK
FT. LAUDERDALE, FL 33309-1951
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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	NEAL, GARY	115 1/2 NE FIRST ST	DELRAY BCH, FL 00000	<input checked="" type="checkbox"/>
DV	NEAL, JEFFREY L.	4557 ELWOOD DR	DELRAY BCH, FL 00000	<input checked="" type="checkbox"/>
PD	NEAL, VICTOR H.	701 NW 2ND AVE	DELRAY BCH, FL 00000	<input type="checkbox"/>
D	NEAL, JO H.	701 NW 2ND AVE	DELRAY BCH, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4980 Pine Tree Drive	Boynton Beach, FL. 33436		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4980 Pine Tree Drive	Boynton Beach, FL. 33436		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)