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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49741 (4)

1. Corporation Name
FARM SHARE, INC.



Principal Place of Business UNIT #12 STATE FARMERS MARKET FLORIDA CITY FL 33034-3414 US	Mailing Address UNIT #12 STATE FARMERS MARKET FLORIDA CITY FL 33034 US
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3. Date Incorporated or Qualified 07/08/1992	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0342192	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRIEDRICH, DAVE
27820 SW 160TH ST
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name Patricia Robbins
82 Street Address (P.O. Box Number is Not Acceptable) 7763 SW 178 St
83 Miami
84 City **FL** **85 Zip Code 33157**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent in both 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 a registered agent under 617.0503, Florida Statutes.

SIGNATURE: *Patricia Robbins* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	FRIEDRICH, DAVE	
STREET ADDRESS	27820 SW 160TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTZ, CHARLES	
STREET ADDRESS	25 TAHITI BEACH ISLAND	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBBINS, PATRICIA	
STREET ADDRESS	7763 SW 178 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Friedrich, Dave	
1.3 STREET ADDRESS	27820 SW 160th St	
1.4 CITY-ST-ZIP	Homestead FL 33030	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robbins, Patricia	
3.3 STREET ADDRESS	7763 SW 178 St	
3.4 CITY-ST-ZIP	Miami FL 33157	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. Or, the attachment with an address.

SIGNATURE: *Patricia Robbins* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone # 0078111

CR2E037 (9/96)