

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N49741 (4)**

1. Corporation Name  
**FARM SHARE, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>UNIT #12<br>STATE FARMERS MARKET<br>FLORIDA CITY FL 33034-3414<br>US | Mailing Address<br>UNIT #12<br>STATE FARMERS MARKET<br>FLORIDA CITY FL 33034-3414<br>US |
|---|---|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>07/08/1992</b> | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>65-0342192</b>                     |   |

|  |   |               |               |
|--|---|---------------|---------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>25 | Country<br>30 |
|--|---|---------------|---------------|

|  |  |
|--|--|
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  | 6. Election Campaign Financing<br><input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**ROBBINS, PATRICIA**  
**7763 SW 178 ST**  
**MIAMI FL 33157**

10. Name and Address of New Registered Agent

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

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, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 |   |
|----------------------------|------------------------|--|---|
| TITLE                      | CD                     | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FRIEDRICH, DAVE        | 1.2 NAME   |   |
| STREET ADDRESS             | 27820 SW 160TH ST      | 1.3 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | HOMESTEAD FL           | 1.4 CITY-ST-ZIP  |   |
| TITLE                      | D                      | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARTZ, CHARLES         | 2.2 NAME   |   |
| STREET ADDRESS             | 25 TAHITI BEACH ISLAND | 2.3 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | CORAL GABLES FL        | 2.4 CITY-ST-ZIP  |   |
| TITLE                      | PD                     | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBBINS, PATRICIA      | 3.2 NAME   |   |
| STREET ADDRESS             | 7763 SW 178 ST.        | 3.3 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | MIAMI FL               | 3.4 CITY-ST-ZIP  |   |
| TITLE                      |                        | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME   |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP  |   |
| TITLE                      |                        | 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                      |                        | 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 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 on an attachment with an address.

SIGNATURE: FARM SHARE, INC. EQUIPMENT President/CEO 1/5/98

CR2E037 (10/97)