

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90015 002 \*\*\*\*61.25

DOCUMENT # N49741

1. Corporation Name

FARM SHARE, INC.

Principal Place of Business

Mailing Address

UNIT #12  
 STATE FARMERS MARKET  
 FLORIDA CITY FL 33034-3414  
 US

UNIT #12  
 STATE FARMERS MARKET  
 FLORIDA CITY FL 33034-3414  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

07/08/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0342192

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, PATRICIA  
 7763 SW 178 ST  
 MIAMI FL 33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CD <input checked="" type="checkbox"/> DELETE NAME: FRIEDRICH, DAVE STREET ADDRESS: 27820 SW 160TH ST CITY-STATE-ZIP: HOMESTEAD FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
TITLE: D <input type="checkbox"/> DELETE NAME: HARTZ, CHARLES STREET ADDRESS: 25 TAHITI BEACH ISLAND CITY-STATE-ZIP: CORAL GABLES FL	2.1 TITLE: Chairman Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE: PD <input type="checkbox"/> DELETE NAME: ROBBINS, PATRICIA STREET ADDRESS: 7763 SW 178 ST. CITY-STATE-ZIP: MIAMI FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	4.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: Samuel A. Bradnax 4.3 STREET ADDRESS: 5860 SW 99 Terrace 4.4 CITY-STATE-ZIP: Miami Florida 33157
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	5.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME: Tom Kirby 5.3 STREET ADDRESS: 1850 Old Dixie Hwy 5.4 CITY-STATE-ZIP: Homestead Fla 33030
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

4. 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, with all other like empowered.

SIGNATURE:

*Patricia Robbins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 1999  
 Date

Daytime Phone #

CR2E037 (5/99)