## FILE NOW: FILING FEE IS \$61.25

NONPROFIT , CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State,

DIVISION OF CORPORATIONS

DOCUMENT # N9500005318 (9)						
JUPITER FARMS GREENMARKET, INC.						
Principal Place	of Business	Mailing Address				JI   <b>  ]</b>
16242 126TH TERRACE NORTH 16242 126TH TERRACE NORTH						
JUPITER FARMS FL 33478-6531 JUPITER FARMS FL 33478-6531						
					3. Date Incorporated or Qualified 3a. Date of Last Rep	ort
Principal Place of Business     2a. Mailing Address					4. FEI Number App	olied For
21 26				(	/ /	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 A	I
22				6. Election Campaign Financing \$5.00 May Be		
City & State	<del>)</del>	28	¬ ·		Trust Fund Contribution Added to Fees	
Žip	Country Zip Country			y	8. This corporation has liability for intangible tax under s. 19	9.032,
24	25	29	30		Florida Statutes Yes X No  10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent  81 Name					IV. Maille and Address of Non negletored Agent	
DETTME	RS, MARY L		82		ress (P.O. Box Number is Not Acceptable)	
16242 126TH TERRACE NORTH			02	Street Addi	ESS (F.O. DOX Normbol is Not recoptable)	
JUPITER	FARMS FL 33478-6531		83	·		
•			84	City	EI 85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508, Florida Statute	s, the above	named corpor	ration submits this statement for the purpose of changing its regis	stered office
or register	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize	ed by the con	poration's boa	rd of directors. I hereby accept the appointment as registered ag	ent. I am
SIGNATURE	•	<u></u>				
12.	Signature, typed or printed name of registured agrin OFFICERS AN	rand title if applicable (NO)  D DIRECTORS	IE Registered Age	orit signature require	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	IN 12 6
TITLE	OFFICE 13 AV	DELETE 11TH		4		Addition 2
NAME	_		1.2 NAME	TA	IMARY I DETTMERS D	
STREET ADDRESS			1.3 STREE	TADORESS 16	0242 126 TER N	S   N   12
CITY - ST - ZIP			1.4 CITY -	ST-ZIP 3	UPITER, FL 33478-6531	}&
TITLE	211		2 1 TITLE	V	☐ Change	Addition O
NAME	22 M		2.2 NAME	K	AREN CANALE-NORRIS D	
STREET ADDRESS	23		2 3 STREE	T ADDRESS   K	10074   11111111111111111111111111111111111	
CITY - ST - ZIP			2 4 CITY	-ST-ZIP J	URITER, FL 33478	53 44401
TITLE		DELETE	3 1 TITLE	. 5		Addition
NAME			3.2 NAME		TEFF HARMAN 35 NORTH 151 ST LANE	
STREET ADDRESS				T ADDRESS LC	TURTER, FL 33478	
CITY - ST - ZIP TITLE		DELETE	34 CITY 41 TITLE	T T		Addition
NAME			4 2 NAMI		_ ,	_
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP			4.4 CITY -	1		
TITLE		DELETE	5 1 TITLE		☐ Change	Addition
NAME			5.2 NAME		00000170000	N
STREET ADDRESS	NODRESS		5.3 STREE	T ADDRESS	000001786660 ) 4.18	
CITY - ST - ZIP			5 4 CITY -	ST-ZIP		<u>'/</u> .
TITLE		DELETE	61 TIFLE		****bi.∠5 □ Change □	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T ADDRESS		
CITY-ST-ZIP		144- Al-7- 615 11 - 1 - 1 - 1 - 1 - 1	64 City	ST-ZIP	for the exemption stated in Postion 110 07/0/64. Flades Clatides	Lfurther
14. I do hereb	by certify that the information supplied in the information indicated on this app	wun tais tiling is voluntarily turn iual regort or supplemental aggi	isilieu ano do Lial recort is t	es not qualify rue and accur	for the exemption stated in Section 119.07(3)(k), Florida Statutes, ate and that my signature shall have the same legal effect as if m	ade under

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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/1/96 407-746-1424