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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000001878

1. Corporation Name

WEST PALM BEACH GREEN MARKET, INC.



Principal Place of Business
200 2ND STREET
P.O. BOX 3366
W PALM BEACH FL 33402

Mailing Address
200 2ND STREET
P.O. BOX 3366
W PALM BEACH FL 33402

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 26 04/03/1997
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For
22 27 65-0758589 Not Applicable
City & State City & State 5. Certificate of Status Desired \$8.75 Additional
23 28 Fee Required
Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be
24 25 29 30 Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

GRAHAM, NANCY
200 2ND STREET
CITY HALL MAYOR'S OFFICE
W PALM BEACH FL 33402

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	GRAHAM, NANCY	1.2 NAME	
STREET ADDRESS	200 2ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33402	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DAVES, DARDEN	2.2 NAME	
STREET ADDRESS	200 2ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33402	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MCGREGOR, S J	3.2 NAME	
STREET ADDRESS	200 2ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33402	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio

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, with all other like empowered.

SIGNATURE: _____ DATE: 1/9/99 561-659-8025
Typed or printed name of signing officer or director Daytime Phone #