

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90011 031 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G66222 ✓

1. Corporation Name  
 HAD-A-FARM ASSOCIATES, INC.



Principal Place of Business: 4800 NORTH FEDERAL HWY STE. 200E BOCA RATON FL 33431 US  
 Mailing Address: 4800 NORTH FEDERAL HWY STE 200 E BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 5823 Vintage Oaks Circle  
 Suite, Apt. #, etc.:  
 City & State: 22 Delray Beach Florida  
 Zip: 24 33484  
 Country: 25 USA  
 2a. Mailing Address: 26 5823 Vintage Oaks Circle  
 Suite, Apt. #, etc.:  
 City & State: 27 Delray Beach Florida  
 Zip: 29 33484  
 Country: 30 USA

3. Date Incorporated or Qualified: 10/19/1983  
 4. FEI Number: 59-2332433 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent  
 GROSSMAN, HERBERT M  
 4800 NORTH FEDERAL HWY  
 STE. 200E  
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
 81 Nar  
 82 Str: Herbert M Grossman  
 83 5823 Vintage Oaks Circle  
 84 City: Delray Beach, Florida 33484  
 5 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  
 SIGNATURE: Herbert M Grossman, President  
 DATE: July 20 1999

12. OFFICERS AND DIRECTORS  
 TITLE: DP  
 NAME: GROSSMAN, HERBERT M  
 STREET ADDRESS: 4800 NORTH FEDERAL HWY, STE. 200E  
 CITY-ST-ZIP: BOCA RATON FL  
 TITLE: [ ] DELETE  
 NAME: [ ] DELETE  
 STREET ADDRESS: [ ] DELETE  
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 CITY-ST-ZIP: [ ] DELETE

13. DIRECTORS IN 12  
 1.1 TITLE: Change [ ] Addition [x]  
 1.2 NAME: Herbert M Grossman, ~~President~~ address  
 1.3 STREET ADDRESS: 5823 Vintage Oaks Circle  
 1.4 CITY-ST-ZIP: Delray Beach, Florida 33484  
 2.1 TITLE: Change [ ] Addition [ ]  
 2.2 NAME: [ ]  
 2.3 STREET ADDRESS: [ ]  
 2.4 CITY-ST-ZIP: [ ]  
 3.1 TITLE: Change [ ] Addition [ ]  
 3.2 NAME: [ ]  
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 5.4 CITY-ST-ZIP: [ ]  
 6.1 TITLE: Change [ ] Addition [ ]  
 6.2 NAME: [ ]  
 6.3 STREET ADDRESS: [ ]  
 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HERBERT M GROSSMAN 7/20/99 (561) 495 491  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)