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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46809 (2)

1. Corporation Name
CLEAN FLORIDA KEYS, INC.



Principal Place of Business
93351 OVERSEAS HWY
STE 1-E
TAVERNIER FL 33070
US

Mailing Address
P.O. BOX 527
TAVERNIER FL 33070

3. Date Incorporated or Qualified 01/13/1992
3a. Date of Last Report 06/27/1995

2. Principal Place of Business
21 1402 Pine Street
22 Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 1528
27 Suite, Apt. #, etc.

4. FEI Number 65-0334997
Applied For Not Applicable

23 City & State
Key West FL

28 City & State
Key West FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33040
25 Country Monroe

29 Zip 33041
30 Country Monroe

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGG, MARK H.
89240 OVERSEAS HWY
SUITE 5
TAVERNIER FL 33070

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 C DELETE
NAME LEWIS, SALLY
STREET ADDRESS 401 SOUTH STREET
CITY-ST-ZIP KEY WEST FL
TITLE D DELETE
NAME MULARZ, LUCY
STREET ADDRESS 291 LEO LANE
CITY-ST-ZIP KEY WEST FL
TITLE D DELETE
NAME GRABOIS, CONNIE
STREET ADDRESS 1206 PINE STREET
CITY-ST-ZIP KEY WEST FL
TITLE D DELETE
NAME CANTY, LAUREL
STREET ADDRESS ROUTE 1, BOX 37JG
CITY-ST-ZIP MARATHON, FL
TITLE ED DELETE
NAME DALTON WILLIAM C.
STREET ADDRESS 255 GARDENIA ST.
CITY-ST-ZIP TAVERNIER FL 33070
TITLE T DELETE
NAME TANGEN, MARCY
STREET ADDRESS 8004 PORPOISE DRIVE
CITY-ST-ZIP MARATHON, FL

1.1 TITLE D Change Addition
1.2 NAME Lewis, Sally
1.3 STREET ADDRESS 401 South Street
1.4 CITY-ST-ZIP Key West FL 33040
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
3.3 STREET ADDRESS 600001803546
-05/01/96--01048--010
3.4 CITY-ST-ZIP *****61.25 *****61.25
4.1 TITLE C/D Change Addition
4.2 NAME Marci L. Rose
4.3 STREET ADDRESS 411 Fleming
4.4 CITY-ST-ZIP Key West FL 33040
5.1 TITLE ED Change Addition
5.2 NAME Clese, John
5.3 STREET ADDRESS 1402 Pine Street
5.4 CITY-ST-ZIP Key West FL 33040
6.1 TITLE T/D Change Addition
6.2 NAME Robert Murrell, Jr.
6.3 STREET ADDRESS 1207 Whitehead Street
6.4 CITY-ST-ZIP Key West FL 33040

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: _____ DATE 4/30/96 (305)294-4387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)