

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759597 (8)

1. Corporation Name

KEEP BREVARD BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

431 RIVEREDGE BLVD.  
P.O. BOX 537  
COCOA FL 32922-7951431 RIVEREDGE BLVD.  
P.O. BOX 537  
COCOA FL 32922-79513. Date Incorporated or Qualified  
08/12/19813a. Date of Last Report  
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2154072Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

BECK, KATHY  
1901 S. HARBOR CITY BLVD.  
MELBOURNE FL 32901

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.

Kathy Beck - Treasurer

01-14-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME THOMPSON, NANCY  
STREET ADDRESS 1935 HOLT DRIVE  
CITY-ST-ZIP MERRITT ISLAND FL 32952

DELETE

1.1 TITLE PD  
1.2 NAME J.L. Skip Olson  
1.3 STREET ADDRESS 248 Via Havarre  
1.4 CITY-ST-ZIP Merritt Island, FL 32953

Change Addition

TITLE VPD  
NAME OLSON, J. L. SKIP  
STREET ADDRESS 248 VIA HAVARRE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

DELETE

2.1 TITLE VPD  
2.2 NAME Steve Ellis  
2.3 STREET ADDRESS P.O. Box 129 535 DELANNOY AVE  
2.4 CITY-ST-ZIP Cocoa, FL COCOA, FL 32923-0129

Change Addition

TITLE SD  
NAME MCMASTER, SHERRY  
STREET ADDRESS 335 ARTEMIS BLVD.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE TD  
NAME BECK, KATHY  
STREET ADDRESS 1901 S. HARBOR CITY BLVD.  
CITY-ST-ZIP MELBOURNE FL 32901

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE:

Kathy Beck - Treasurer

(407) 639-0666  
01-14-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)