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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37257 (5)

1. Corporation Name
KEEP FLORIDA BEAUTIFUL, INC.

Principal Place of Business 325 JOHN KNOX ROAD M-240 TALLAHASSEE FL 32303	Mailing Address 325 JOHN KNOX ROAD M-240 TALLAHASSEE FL 32303
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2. Principal Place of Business 21 2615 N. Monroe St. Suite, Apt. #, etc. 22 Suite 200 City & State 23 Tallahassee, FL Zip 24 32303	2a. Mailing Address 25 2615 N. Monroe St. Suite, Apt. #, etc. 27 Suite 200 City & State 28 Tallahassee, FL Zip 29 32303
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9. Name and Address of Current Registered Agent

**WALPER, FRANK
325 JOHN KNOX RD.
M-240
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified 03/26/1990
4. FEI Number 59-3022345
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2615 N. Monroe St.
83	Suite 200
84 City	Tallahassee FL
85 Zip Code	32303

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

TITLE	C	<input type="checkbox"/> DELETE
NAME	MICA, DAVID R.	
STREET ADDRESS	215 S MONROE STREET SUITE 800	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABBERGER, LESTER III	
STREET ADDRESS	120 S MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGEL, MARGUERITA	
STREET ADDRESS	431 RIVEREDGE DRIVE	
CITY-ST-ZIP	COCOA FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	DOVER, CAROL	
STREET ADDRESS	200 W. COLLEGE AVENUE APT 224	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUGGAN, TAM	
STREET ADDRESS	2041 SOUTHEAST 5TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHELTON, RICHARD A	
STREET ADDRESS	336 E. COLLEGE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chuck Hinson	
1.3 STREET ADDRESS	101 N. Monroe St. #1060	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynda Long	
2.3 STREET ADDRESS	2700 NW 48th St.	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Tonkin	
3.3 STREET ADDRESS	304 Park Ave. NE	
3.4 CITY-ST-ZIP	Milton, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barbara Drake	
4.3 STREET ADDRESS	1614 S. Edgewater Ave	
4.4 CITY-ST-ZIP	Jacksonville, FL 32205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)