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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
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DOCUMENT # N46809 (2)

1. Corporation Name

CLEAN FLORIDA KEYS, INC.

Principal Place of Business

Mailing Address

**93351 OVERSEAS HWY
STE 1-E
TAVERNIER FL 33070
US**

**P.O. BOX 527
TAVERNIER FL 33070**

2. Principal Place of Business 21 1402 Pine Street Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1528 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/13/1992		3a. Date of Last Report 06/27/1995	
22 City & State 23 Key West FL Zip Country		27 City & State 28 Key West FL Zip Country		4. FEI Number 65-0334997		Applied For <input type="checkbox"/> Not Applicable	
24 33040 25 Monroe		29 33041 30 Monroe		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, SALLY			1.2 NAME	Lewis, Sally		
STREET ADDRESS	401 SOUTH STREET			1.3 STREET ADDRESS	401 South Street		
CITY-ST-ZIP	KEY WEST FL			1.4 CITY-ST-ZIP	Key West FL 33040	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	MULARZ, LUCY			2.2 NAME			
STREET ADDRESS	291 LEO LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRABOIS, CONNIE			3.2 NAME			
STREET ADDRESS	1206 PINE STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CANTY, LAUREL			4.2 NAME	Marci L. Rose		
STREET ADDRESS	ROUTE 1, BOX 37JG			4.3 STREET ADDRESS	411 Fleming		
CITY-ST-ZIP	MARATHON, FL			4.4 CITY-ST-ZIP	Key West FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	ED	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DALTON WILLIAM C.			5.2 NAME	Clese, John		
STREET ADDRESS	255 GARDENIA ST.			5.3 STREET ADDRESS	1402 Pine Street		
CITY-ST-ZIP	TAVERNIER FL 33070			5.4 CITY-ST-ZIP	Key West FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TANGEN, MARCY			6.2 NAME	Robert Murrell, Jr.		
STREET ADDRESS	8004 PORPOISE DRIVE			6.3 STREET ADDRESS	1207 Whitehead Street		
CITY-ST-ZIP	MARATHON, FL			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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (305)294-4387

CR2E037 (12/95)