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May 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N46809 (2)

1. Corporation Name

CLEAN FLORIDA KEYS, INC.

Principal Place of Business

1402 PINE STREET  
KEY WEST FL 33040  
US

Mailing Address

P.O. BOX 1528  
KEY WEST FL 33041-1528



2. Principal Place of Business

21 3140 NORTHSIDE DRIVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite, Apt. #, etc.

City & State

23 KEY WEST, FL

City & State

Zip

24 33040

Country

25 USA

Zip

29

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME LEWIS, SALLY  
STREET ADDRESS 401 SOUTH STREET  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D  
NAME MULARZ, LUCY  
STREET ADDRESS 291 LEO LANE  
CITY-ST-ZIP KEY WEST FL

TITLE D  
NAME GRABOIS, CONNIE  
STREET ADDRESS 1206 PINE STREET  
CITY-ST-ZIP KEY WEST FL

TITLE C/D  
NAME ROSE, MARCI L  
STREET ADDRESS 411 FLEMING  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ED  
NAME CLESE, JOHN  
STREET ADDRESS 1402 PINE STREET  
CITY-ST-ZIP KEY WEST FL 33040

TITLE T/D  
NAME MURRELL, ROBERT JR.  
STREET ADDRESS 1207 WHITEHEAD STREET  
CITY-ST-ZIP KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

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:

*John L. Cleese* April 28, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (9/96)