FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 24 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000342 (5)

1. Corporation Name

KEY BISCAYNE LIBRARY BEAUTIFICATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
171 BUTTONWOOD DR KEY BISCAYNE FL 33149	171 BUTTONWOOD DR KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; Country — 25 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
ROBERTS, NORMAN T 50 W MASHTA DR SUITE 2 KEY BISCAYNE FL 33149	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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MERRITT, ELLEN	12 NAME	
STREET ADDRESS	171 BUTTONWOOD DR	13 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL 33149	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MERRITT, WILLIAM E	22 NAME	
STREET ADDRESS	171 BUTTONWOOD DR	23 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL 33149	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, CECILE M	32 NAME	
STREET ADDRESS	260 CYPRESS DR	33 STREET ADDRESS	
CITY ST ZIP	KEY BISCAYNE FL 33149	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Cecile M. Sanchez Treasurer — 4/18/95 — 305-361-3493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

Cecile M. Sanchez, Treasurer

0042636