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Sep 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000000342 (5)

1. Corporation Name

KEY BISCAVNE LIBRARY BEAUTIFICATION FOUNDATION,
INC.



Principal Place of Business

Mailing Address

171 BUTTONWOOD DR
KEY BISCAVNE FL 33149

171 BUTTONWOOD DR
KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

65-0488462

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 260 Cypress Dr.

26 260 Cypress Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Key Biscayne, Fl.

28 Key Biscayne, Fl.

Zip

Country

Zip

Country

24 33149

25

29 33149

30

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 BISCAVNE 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 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

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

Cecile M. Sanchez Treasurer
(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MERRITT, ELLEN
STREET ADDRESS 171 BUTTONWOOD DR
CITY-STATE-ZIP KEY BISCAVNE FL 33149

TITLE SD ☒ DELETE

NAME MERRITT, WILLIAM E
STREET ADDRESS 171 BUTTONWOOD DR
CITY-STATE-ZIP KEY BISCAVNE FL 33149

TITLE SD ☐ DELETE

NAME SANCHEZ, CECILE M
STREET ADDRESS 260 CYPRESS DR
CITY-STATE-ZIP KEY BISCAVNE FL 33149

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Cecile M. Sanchez* Cecile M. Sanchez Treasurer 9/8/98 305-361-3440

CR2E037 (10/97)