


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11795 (4)

1. Corporation Name

KEEPSAFE CENTER, INC.

Principal Place of Business

5626 SOUTLE DR
JACKSONVILLE FL 32219

Mailing Address

5626 SOUTLE DR
JACKSONVILLE FL 32219



800001767048

-04/02/96--01112--023

***70.00

3. Date Incorporated or Qualified
10/29/1985

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, BRUCE L
12565 WILLARD LN.
JACKSONVILLE FL 32218

81 Name

ARENA HATTON

82 Street Address (P.O. Box Number is Not Acceptable)

1110 EDGEWOOD AVE WEST

83

84

City Jacksonville

FL

85

Zip Code 32208

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

Arena M. Hatton - Arena M. Hatton

3-15-96

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, BRUCE L	
STREET ADDRESS	12565 WILLARD LN.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, BARBARA J	
STREET ADDRESS	6514 MANHATTAN DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, WILLIE B	
STREET ADDRESS	10918 S PLEASANT OAKS RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHIS, EARL L	
STREET ADDRESS	7706 LAKE PARK DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Delphia Williams	
1.3 STREET ADDRESS	3114 Seine Dr	
1.4 CITY-ST-ZIP	Jacksonville, FL 32208	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARLAN DAVIS	
2.3 STREET ADDRESS	3237 ERNEST ST.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32205	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRYAN COLLINGSWORTH	
3.3 STREET ADDRESS	8643 O'Steen ST	
3.4 CITY-ST-ZIP	Jacksonville, FL 32210	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ASBURY LAWSON	
4.3 STREET ADDRESS	6010 Kinnon Dr	
4.4 CITY-ST-ZIP	Jacksonville, FL 32210	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ARMON YOUNG WALKER	
5.3 STREET ADDRESS	1265 Willard Lane	
5.4 CITY-ST-ZIP	Jacksonville, FL 32218	
6.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ARMON YOUNG WALKER	
6.3 STREET ADDRESS	1265 Willard Lane	
6.4 CITY-ST-ZIP	Jacksonville, FL 32218	

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:

Armon Young Walker

3-15-96

1-904-768-6764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)