

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**97 AUG 15 AM 9:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000079052 (2)**

1. Corporation Name  
**KEEPSAKE PUBLISHING INC.**

Principal Place of Business: **501 CENTRAL PARK DRIVE SANFORD FL 32771**  
Mailing Address: **501 CENTRAL PARK DRIVE SANFORD FL 32771-8653**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>302 Jennie Jewell Dr.</b>		26. <b>302 Jennie Jewell Dr.</b>		<b>09/24/1996</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. <b>Orlando FL</b>		28. <b>Orlando</b>		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24. <b>32806</b>		29. <b>32806</b>		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
25. <b>Orange</b>		30. <b>Orange</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LOKEY, JOHN ALAN 501 CENTRAL PARK DRIVE SANFORD FL 32771</b>				81. Name	<b>Amy Lokey</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>302 Jennie Jewell Dr.</b>		
				83.			
				84. City	<b>Orlando</b>	85. Zip Code	<b>FL 32806</b>

11. Pursuant to the provisions of Sections 607.0507 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: *Amy D Lokey* **Amy D Lokey** DATE: **4-21-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			1.2 NAME	<b>Amy D Lokey</b>			
STREET ADDRESS			1.3 STREET ADDRESS	<b>314 Sabal Park Place Apt 202</b>			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<b>800002271646-88</b>			
NAME			3.2 NAME	<b>-08/19/97-01089-020</b>			
STREET ADDRESS			3.3 STREET ADDRESS	<b>****165.00 ****165.00</b>			
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<b>12/8/97</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amy D Lokey* **Amy D Lokey** DATE: **4-21-97** DAYTIME PHONE #: **707-327-7277**

CR2E03 (9/96)