

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

FILED
May 19 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # 006018 (6)
 1. Corporation Name
WOODLAWN PARK CEMETERY COMPANY



Principal Place of Business Mailing Address
1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789
1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789-7107

3. Date Incorporated or Qualified **03/08/1913** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **59-0516280** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
KNOPKE, KEENAN L
11655 SW 117TH AVE.
MIAMI FL 33186

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP/T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L.	
STREET ADDRESS	2400 HARRELL RD.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KNOPKE, KEENAN	
STREET ADDRESS	11655 SW 117TH AVE.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CABALLERO, MARIANA	
STREET ADDRESS	3260 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUDDE, KENNETH C	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S, ORLANDO AVE., SUITE 365	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank L. Matasavage	
1.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gabriel Romanach	
2.3 STREET ADDRESS	11655 SW 117th Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33186	
3.1 TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brent F. Heffron	
3.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William E. Rowe	
4.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
4.4 CITY-ST-ZIP	Metairie, LA 70005	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph P. Henican III	
5.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
5.4 CITY-ST-ZIP	Metairie, LA 70005	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Corinne I. Olvey	
6.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
6.4 CITY-ST-ZIP	Winter Park, FL 32789	

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: *Corinne I. Olvey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey
 4/28/97 407/740-7000 Phone #

CR2E034 (9/96)