

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018214 (7)

1. Corporation Name
GARDEN OF MEMORIES, INC.



Principal Place of Business 1201 SOUTH ORLANDO AVENUE, SUITE 365 WINTER PARK FL 32789	Mailing Address 1201 SOUTH ORLANDO AVENUE, SUITE 365 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/14/1937
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0259432
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KNOPKE, KEENAN L 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS KNOPKE, KEENAN L 1201 S ORLANDO AVE #365 WINTER PRK FL	1.1 TITLE	D William E. Rowe
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	T MATASAVAGE, FRANK L 1201 S ORLANDO AVE #365 WINTER PRK FL	2.1 TITLE	D Joseph P. Henican, III.
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VPSD HEFFRON, BRENT F 1201 S ORLANDO AVE #365 WINTER PRK FL	3.1 TITLE	D Mark Curry, Jr.
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	4207 E. Lake Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	S OLVEY, CORINNE I 1201 S ORLANDO AVE, #365 WINTER PARK FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS PATRON, RONALD H 110 VETERANS BLVD METAIRIE LA	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS BUDE, KENNETH C 110 VETERANS BLVD METAIRIE LA	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Corinne I. Olvey* Corinne I. Olvey 4-22-98 407/740-7000

CR2E034 (10/97)