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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 018214

1. Corporation Name
GARDEN OF MEMORIES, INC.



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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/14/1937

4. FEI Number Applied For
59-0259432 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 **CT CORPORATION SYSTEM**
 82 Street Address **1200 PINE ISLAND ROAD**
 83
 84 City **PLANTATION, FL 33324**

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 *Victor Alfano* **Victor Alfano** **3/16/99**
 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	PAS	<input type="checkbox"/> DELETE
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUDE, KENNETH C	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROWE, WILLIAM E.	
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENICAN, JOSEPH P. III	
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
2.4 CITY-ST-ZIP	METAIRIE, LA 70005	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TRAHAN, LORALICE A.	
3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
3.4 CITY-ST-ZIP	METAIRIE, LA 70005	
4.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CURRY, MARK JR.	
4.3 STREET ADDRESS	4207 EAST LAKE AVENUE	
4.4 CITY-ST-ZIP	TAMPA, FL 33610	
5.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MATASAVAGE, FRANK L.	
5.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
6.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HEFFRON, BRENT F.	
6.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
6.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent F. Heffron* **Brent F. Heffron**
 SIGNATURE (TYPE OR PRINT)

April 14, 1999
 (407) 740-7000

CR2E034 (1/98)