

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 # 018300 (4)

1. Corporation Name
WOODLAWN MEMORY GARDENS, 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 06/09/1948	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 62-1506528		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE PAS	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KNOPKE, KEENAN L		1.2 NAME Joseph P. Henican, III.	
STREET ADDRESS 1201 S ORLANDO AVE #365		1.3 STREET ADDRESS 110 Veterans Memorial Blvd.	
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-ST-ZIP Metairie, LA 70005	
TITLE VPSD	<input type="checkbox"/> DELETE	2.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEFFRON, BRENT F		2.2 NAME Ronald H. Patron	
STREET ADDRESS 1201 S ORLANDO AVE #365		2.3 STREET ADDRESS 110 Veterans Memorial Blvd.	
CITY-ST-ZIP WINTER PARK FL		2.4 CITY-ST-ZIP Metairie, LA 70005	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROWE, WILLIAM E		3.2 NAME	
STREET ADDRESS 110 VETERANS MEMORIAL BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP METAIRIE LA		3.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUDDE, KENNETH C		4.2 NAME	
STREET ADDRESS 110 VETERANS BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP METAIRIE LA		4.4 CITY-ST-ZIP	
TITLE VPT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATASAVAGE, FRANK L		5.2 NAME Frank L. Matasavage	
STREET ADDRESS 2400 HARRELL ROAD		5.3 STREET ADDRESS 1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP ORLANDO FL 32817		5.4 CITY-ST-ZIP Winter Park, FL 32789	
TITLE VS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLVEY, CORINNE L		6.2 NAME Corinne I. Olvey	
STREET ADDRESS 1201 S ORLANDO AVE, #365		6.3 STREET ADDRESS 1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP WINTER PARK FL		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 in an attachment with an address.

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

CR2E034 (10/97)