

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018303 (8)

1. Corporation Name
SYLVAN ABBEY MEMORIAL PARK, INC.



Principal Place of Business POST OFFICE DRAWER B CLEARWATER FL 34618	Mailing Address POST OFFICE DRAWER B CLEARWATER FL 34618-4060
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3. Date Incorporated or Qualified 10/07/1948	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0600575	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**KNOPKE, RAYMOND C JR.
 1201 SOUTH ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
E.g. name, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE P	KNOPKE, RAYMOND C JR <input checked="" type="checkbox"/> DELETE
NAME	1201 S. ORLANDO AVE. STE 365
STREET ADDRESS	WINTER PARK FL 32789
CITY-ST-ZIP	
TITLE VD	ROWE, WILLIAM E <input type="checkbox"/> DELETE
NAME	110 VETERANS BLVD
STREET ADDRESS	METAIRIE LA
CITY-ST-ZIP	
TITLE V	BUTLER, JEFFREY E <input checked="" type="checkbox"/> DELETE
NAME	2880 SUNSET POINT RD.
STREET ADDRESS	CLEARWATER FL 34619
CITY-ST-ZIP	
TITLE VT	MATASAVAGE, FRANK L <input type="checkbox"/> DELETE
NAME	2400 HARRELL ROAD
STREET ADDRESS	CLEARWATER FL
CITY-ST-ZIP	
TITLE VS	OLVEY, CORINNE I <input type="checkbox"/> DELETE
NAME	1201 S. ORLANDO AVE., SUITE 365
STREET ADDRESS	WINTER PARK FL
CITY-ST-ZIP	
TITLE V	BROWN, SCARLETT A <input checked="" type="checkbox"/> DELETE
NAME	737 MAIN ST.
STREET ADDRESS	SAFETY HARBOR FL 34895
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Keenan L. Knopke	
1.3 STREET ADDRESS 1201 S. Orlando Ave., # 365	
1.4 CITY-ST-ZIP Winter Park, FL 32789	
2.1 TITLE VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Brent F. Heffron	
2.3 STREET ADDRESS 1201 S. Orlando Ave., # 365	
2.4 CITY-ST-ZIP Winter Park, FL 32789	
3.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Ronald H. Patron	
3.3 STREET ADDRESS 110 Veterans Memorial Blvd.	
3.4 CITY-ST-ZIP Metairie, LA 70005	
4.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Kenneth C. Budde	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Corinne I. Olvey **Corinne I. Olvey**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/28/97 407/740-7000**
Phone #

CR2E034 (9/96)