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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 # 018303

1. Corporation Name
SYLVAN ABBEY MEMORIAL PARK, INC.

Principal Place of Business
 1201 S. ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789

Mailing Address
 1201 S. ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
 10/07/1948

4. FEI Number
 59-0600575 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

KNOPKE, KEANAN 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, KEANAN L	
STREET ADDRESS	1201 S. ORLANDO AVE. STE 365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM E	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	1201 S ORANGE AVENUE, SUITE 365	
CITY-ST-ZIP	CLEARWATER FL 32789	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	METAIRIE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUDDE, KENNETH C.	
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	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATASAVAGE, FRANK L.	
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
5.1 TITLE	D/V/P/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HEFFRON, BRENT F.	
5.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
5.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROWE, WILLIAM E.	
6.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
6.4 CITY-ST-ZIP	METAIRIE, LA 70005	

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*
SIGNATURE, TYPED OR PRINTED Brent F. Heffron

April 14, 1999
 (407) 740-7000

CR2E034 (11/98)