

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **FG6417 (9)**  
 1. Corporation Name  
**CEMETERY MANAGEMENT, INC.**



Principal Place of Business 2400 Harrell Road Orlando, FL 32817	Mailing Address 1201 S. Orlando Ave Suite 365 Winter Park, FL 32789
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified 1/25/82	3a. Date of Last Report 03/24/1995
4. FEI Number 59-2200905	Applied For Not Applicable
5. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
~~BALDWIN, RICHARD O JR.~~  
~~1201 S. ORLANDO AVE, SUITE 365~~  
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name	RAYMOND C. KNOPKE, JR.
82 Street Address (P.O. Box Number is Not Acceptable)	1201 S. ORLANDO AVE.
83	SUITE 365
84 City	WINTER PARK
85 Zip Code	FL 32789

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: *[Signature]* DATE: 4/29/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1 1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOPKE, RAYMOND C JR	12 NAME	William E. Rowe
STREET ADDRESS	<del>801 N. WINTER</del> 1201 S. Orlando Ave	13 STREET ADDRESS	110 Veterans Blvd
CITY-ST-ZIP	<del>ORLANDO FL</del> Winter Park, Fl 32789	14 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VP/T <input type="checkbox"/> DELETE	2 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATASAVAGE, FRANK L.	22 NAME	Joseph P. Henican III
STREET ADDRESS	2400 HARRELL RD.	23 STREET ADDRESS	110 Veterans Blvd
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VP <input type="checkbox"/> DELETE	3 1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Silvio A. Flores	32 NAME	Brian J. Marlowe
STREET ADDRESS	Avenida Ponce de Leon, PDA 25	33 STREET ADDRESS	6707 Democracy Blvd Suite 950
CITY-ST-ZIP	Santurce, Puerto Rico 00910	34 CITY-ST-ZIP	Bethesda, MD 20817
TITLE	VP/S <input type="checkbox"/> DELETE	4 1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLVEY, CORINNE I	42 NAME	Keenan L. Knopke
STREET ADDRESS	1201 S ORLANDO AVE #365	43 STREET ADDRESS	11655 S.W. 117th Ave
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	Miami, FL 33186
TITLE	AS <input type="checkbox"/> DELETE	5 1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRON, RONALD H	52 NAME	Mark A. Panter
STREET ADDRESS	110 VETERANS BLVD.	53 STREET ADDRESS	4207 E Lake Ave
CITY-ST-ZIP	METAIRIE LA	54 CITY-ST-ZIP	Tampa, FL 33610
TITLE	AS <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDOE, KENNETH C	62 NAME	
STREET ADDRESS	110 VETERAN'S DR.	63 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* Corinne I. Olvey, VP/S 4/29/96 407/740-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR