

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

DOCUMENT # **F66417** (9)  
1. Corporation Name  
**CEMETERY MANAGEMENT, 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**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**01/20/1982**

4. FEI Number

**59-2200905**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature of type of person or entity registered agent and then applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PDAS**  
STREET ADDRESS **HEFFRON, BRENT F**  
CITY - ST - ZIP **1201 S ORLANDO AVE, #365  
WINTER PARK FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **OLVEY, CORINNE L**  
CITY - ST - ZIP **1201 S ORLANDO AVE, #365  
WINTER PARK FL**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **ROMANACH, GABRIEL**  
CITY - ST - ZIP **11655 SW 117TH AVE  
MIAMI FL**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **KNOPKE, KEENAN L**  
CITY - ST - ZIP **3260 SW 8TH ST  
MIAMI FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ROWE, WILLIAM E**  
CITY - ST - ZIP **110 VETERANS BLVD  
METAIRIE LA**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **BUDE, KENNETH C**  
CITY - ST - ZIP **110 VETERANS BLVD  
METAIRIE LA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **Joseph P. Henican, III.**  
1.4 CITY - ST - ZIP **110 Veterans Memorial Blvd.  
Metairie, LA 70005**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **T**  
2.3 STREET ADDRESS **Frank L. Matasavage**  
2.4 CITY - ST - ZIP **1201 S. Orlando Ave., Ste. 365  
Winter Park, FL 32789**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VP**  
3.3 STREET ADDRESS **Silvio A. Flores**  
3.4 CITY - ST - ZIP **St. San Jose, No. 607  
Santurce, Puerto Rico 00910**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **AS**  
4.3 STREET ADDRESS **Ronald H. Patron**  
4.4 CITY - ST - ZIP **110 Veterans Memorial Blvd.  
Metairie, LA 70005**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 change.

SIGNATURE

Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)