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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F66417
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/20/1982	Applied For Not Applicable
4. FEI Number 59-2200905	
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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	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** DATE **3/16/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PDAS	<input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE L	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROMANACH, GABRIEL	
STREET ADDRESS	11655 SW 117TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	3260 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM E	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUDDE, KENNETH C	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENICAN, JOSEPH P. III	
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
1.4 CITY-ST-ZIP	METAIRIE, LA 70005	
2.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MATASAVAGE, FRANK L.	
2.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLORES, SILVIO A.	
3.3 STREET ADDRESS	607 CALLE SAN JOSE	
3.4 CITY-ST-ZIP	SANTURCE, PR 00910	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TRAHAN, LORALICE A.	
4.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
4.4 CITY-ST-ZIP	METAIRIE, LA 70005	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROMANACH, GABRIEL A.	
5.3 STREET ADDRESS	8200 BIRD ROAD	
5.4 CITY-ST-ZIP	MIAMI, FL 33155	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KNOPKE, KEENAN L.	
6.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent F. Heffron* **Brent F. Heffron**

April 14, 1999
 (407) 740-7000

CR2E034 (1/98)