

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

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **600966** (6)  
1. Corporation Name  
**A.P. BOZA FUNERAL HOME, INC.**



700001869377  
-06/20/96--01040--009  
\*\*\*200.00

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**

3. Date Incorporated or Qualified: **04/28/1969**  
3a. Date of Last Report: **03/24/1995**  
4. FEI Number: **59-1237218**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
~~BALDWIN, RICHARD O., JR.~~  
~~1201 SOUTH ORLANDO AVENUE~~  
~~SUITE 365~~  
~~WINTER PARK 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** FL 85 Zip Code: **32789**

11. Pursuant to the provisions of Sections 607 (040) and 607.1535, 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 607.005, Florida Statutes.  
SIGNATURE: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PANTER, MARK A</b>	
STREET ADDRESS	<b>4207 E LAKE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>OLVEY, CORINNE I</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE, #365</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>PATRON, RONALD H</b>	
STREET ADDRESS	<b>101 VETERANS BLVD.</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>BUDDE, KENNETH C</b>	
STREET ADDRESS	<b>101 VETERANS BLVD.</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SAGARO, JUAN J</b>	
STREET ADDRESS	<b>4207 E LAKE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUGHES, JOHN T</b>	
STREET ADDRESS	<b>4207 E LAKE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Frank Matasavage</b>	
1.3 STREET ADDRESS	<b>2400 Harrell Road</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
2.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>William E. Rowe</b>	
2.3 STREET ADDRESS	<b>110 Veterans Blvd</b>	
2.4 CITY-ST-ZIP	<b>Metairie, LA 70005</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Raymond C. Knopke, Jr.</b>	
3.3 STREET ADDRESS	<b>1201 S. Orlando Ave. Suite 365</b>	
3.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>	
4.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>James A. Hora</b>	
4.3 STREET ADDRESS	<b>2400 Harrell Road</b>	
4.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>	
5.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Scarlett A Brown</b>	
5.3 STREET ADDRESS	<b>737 Main Street</b>	
5.4 CITY-ST-ZIP	<b>Safety Harbour, FL 34695</b>	
6.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Brian J. Marlowe</b>	
6.3 STREET ADDRESS	<b>6707 Democracy Blvd Suite950</b>	
6.4 CITY-ST-ZIP	<b>Bethesda, MD 20817</b>	

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)(b), 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

CR2E034 (12/95)

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**A. P. BOZA FUNERAL HOME, INC.**

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not available in Block 13 of the original form completed:

D Joseph P. Henican, III.  
110 Veterans Blvd.  
Metairie, LA 70005

Addition