

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600966 (6)

1. Corporation Name
A.P. BOZA FUNERAL HOME, 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 32789-7107
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1969	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1237218		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KNOPKE, RAYMOND C JR
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANTER, MARK A	1.2 NAME	Keenan L. Knopke
STREET ADDRESS	4207 E LAKE AVE	1.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLVEY, CORINNE I	2.2 NAME	Corinne I. Olvey
STREET ADDRESS	1201 S ORLANDO AVE, #365	2.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	VP/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRON, RONALD H	3.2 NAME	Brent F. Heffron
STREET ADDRESS	101 VETERANS BLVD.	3.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDOE, KENNETH C	4.2 NAME	William E. Rowe
STREET ADDRESS	101 VETERANS BLVD.	4.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGARO, JUAN J	5.2 NAME	Joseph P. Henican III
STREET ADDRESS	4207 E LAKE AVE	5.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATASAVAGE, FRANK	6.2 NAME	Frank L. Matasavage
STREET ADDRESS	2400 HARRELL ROAD	6.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
CITY-ST-ZIP	ORLANDO FL 32817	6.4 CITY-ST-ZIP	Winter Park, FL 32789

14. I do 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.

SIGNATURE:

Corinne I. Olvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey
4/28/97 407/740-7000

CR2E034 (9/96)