

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 # 006018 (6)
 1. Corporation Name
WOODLAWN PARK CEMETERY COMPANY



Principal Place of Business: 11655 S.W. 117TH AVENUE MIAMI FL 33186
 Mailing Address: 11655 S.W. 117TH AVENUE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/08/1913**

4. FEI Number: **59-0516280** 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: Suite, Apt. #, etc. City & State Zip Country
 21: Suite, Apt. #, etc. 22: City & State 23: Zip Country
 2a. Mailing Address: Suite, Apt. #, etc. City & State Zip Country
 26: 1201 S. Orlando Ave 27: Suite 365 28: Winter Park FL 29: 32789 30: USA

9. Name and Address of Current Registered Agent: **ROMANACH, GABRIEL 11655 SW 117TH AVE. MIAMI FL 33186**

10. Name and Address of New Registered Agent: B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	T
NAME	MATASAVAGE, FRANK L.	1.2 NAME	Frank L. Matasavage
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	PAS	2.1 TITLE	D
NAME	ROMANACH, GABRIEL	2.2 NAME	William E. Rowe
STREET ADDRESS	11655 SW 117TH AVE.	2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VASD	3.1 TITLE	D
NAME	HEFFRON, BRENT F	3.2 NAME	Joseph P. Henican, III
STREET ADDRESS	1201 S ORLANDO AVE #365	3.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	AS	4.1 TITLE	
NAME	PATRON, RONALD H	4.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	BUJDE, KENNETH C	5.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	OLVEY, CORINNE I	6.2 NAME	
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 365	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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 in an attachment with an address.

SIGNATURE: *Corinne I. Olvey* Corinne I. Olvey 4-22-98 407/740-7000

CRE034 (10/97)