

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 # 018214 (7)  
1. Corporation Name  
GARDEN OF MEMORIES, 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

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

3. Date Incorporated or Qualified 10/14/1997	
4. FEI Number 59-0259432	Applied For Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KNOPKE, KEENAN L 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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, 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	PAS	1.1 TITLE	D
NAME	KNOPKE, KEENAN L	1.2 NAME	William E. Rowe
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PRK FL	1.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	T	2.1 TITLE	D
NAME	MATASAVAGE, FRANK L	2.2 NAME	Joseph P. Henican, III.
STREET ADDRESS	1201 S ORLANDO AVE #365	2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PRK FL	2.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VPSD	3.1 TITLE	D
NAME	HEFFRON, BRENT F	3.2 NAME	Mark Curry, Jr.
STREET ADDRESS	1201 S ORLANDO AVE #365	3.3 STREET ADDRESS	4207 E. Lake Ave.
CITY-ST-ZIP	WINTER PRK FL	3.4 CITY-ST-ZIP	Tampa, FL 33610
TITLE	S	4.1 TITLE	
NAME	OLVEY, CORINNE I	4.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE, #365	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	PATRON, RONALD H	5.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	BUDE, KENNETH C	6.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	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 4-22-98 407/740-7000

CR2E034 (10/97)