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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 018303

SYLVAN ABBEY MEMORIAL PARK, INC.

Principal Place of Business Mailing Address					1011 0,011 1001		
1201 S. ORLANDO AVENUE 1201 S. ORLANDO AVENUE							
SUITE 365		SUITE 365					
WINTER PARK FL 32789		WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualifed</li> <li>10/07/1948</li> </ol>			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		59-0 <u>600</u> 575	No	t Applicable	
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A		
22		27		5. Certificate of Status Desired	Fee Re	quired	
		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year tr		_	
24	25	2930		Personal Property Tax.		<b>X</b> No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81 Name				CT CORPORATION SYSTEM ·			
KNOPKE, KEENAN L			82 Street	82 Street Address			
1201 SOUTH ORLANDO AVENUE			82 Street Address 1200 PINE ISLAND ROAD				
SUITE 365			83	<del></del>			
WINTER PARK FL 32789			84 City				
	,		84 City	PLANTATION, FL 33324	t	,	
A Station Co. 1 A Station Co. 1 A SO and Co. 1 A SO Elevidor the charge paged compression submits this statement for the number of changing its registered							
office or registered dept, 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 objections of, Section 607.0505, Florida Statutes.							
1/1 The Aller Michael Man 2116199							
SIGNATURE			gistered Agent signature re	equired when reinstating) DATE	·		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	PAS	☐ DELETE	1.1 TITLE	AS	☐ Change	Addition	
NAME	Knopke, Keenan L		1.2 NAME	BUDDE, KENNETH C.			
STREET ADDRESS 1201 S. ORLANDO AVE. STE 365			1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	METAIRIE, LA 70005			
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change	Addition	
NAME	ROWE, WILLIAM E		2.2 NAME	HENICAN, JOSEPH P. III			
STREET ADDRESS	110 VETERANS MEMORIAL BLV	D	2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD			
CITY-ST-ZIP	METAIRIE LA		2.4 CITY-ST-ZIP	METAIRIE, LA 70005			
πτιε	AS	<b>₩</b> DELETE	3.1 TITLE	AS	☐ Change	Addition	
NAME	PATRON, RONALD H		3.2 NAME	TRAHAN, LORALICE A.		j	
STREET ADDRESS	110 VETERANS MEMORIAL BLV	D	3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD			
CITY-ST-ZIP	METAIRIE LA		3.4. CITY-ST-ZIP	METAIRIE, LA 70005			
TITLE	T	☐ DELETE	4.1 TITLE	T/S	Change	☐ Addition	
NAME	MATASAVAGE, FRANK L		4,2 NAME	MATASAVAGE, FRANK L.	•		
STREET ADDRESS	1201 S ORANGE AVENUE, SUIT	E 365	4.3 STREET ADDRESS	1201 S ORLANDO AVE #365			
CITY-ST-ZIP	CLEARWATER FL 32789	_ 000	4.4 CITY- ST- ZIP	WINTER PARK, FL 32789			
TITLE	S	<b>■</b> DELETE	5,1 TITLE	D/VP/AS	Change	☐ Addition	
NAME	OLVEY, CORINNE I		5.2 NAME	HEFFRON, BRENT F.	•	ļ	
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE	365	5.3 STREET ADDRESS	1201 S ORLANDO AVE #365			
	WINTER PARK FL 32789	•••	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789			
CITY-ST-ZIP	VPSD	☐ DELETE	6.1 TITLE	D	Change	Addition	
jinike j	יוט וו			, <i>u</i>	,	_ ,	

on 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 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 on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address, with all other like empowered. I hereby certify that the informatindicated on this annual report officer or director of the corporation Block 12 or Block 13 if change

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ROWE, WILLIAM E.

METAIRIE, LA 70005

110 VETERANS MEMORIAL BLVD

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

HEFFRON, BRENT F

METAIRIE LA

1201 S ORLANDO AVE #365

D P PED OR PRINTED I

Brent F. Heffron

April 14, 1999 (407) 740-7000

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 004 \*\*\*900.00

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