

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

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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 006018**

1. Corporation Name  
**WOODLAWN PARK CEMETERY COMPANY**



Principal Place of Business 11655 S.W. 117TH AVENUE MIAMI FL 33186	Mailing Address 1201 S. ORLANDO AVE SUITE 365 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/08/1913</b>	
4. FEI Number <b>59-0516280</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

81 Name	<b>CT CORPORATION SYSTEM</b>
82 Street Address	<b>1200 PINE ISLAND ROAD</b>
83	
84 City	<b>PLANTATION, FL 33324</b>

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 *Victor Alfano* **Victor Alfano** DATE **3/16/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>MATASAVAGE, FRANK L.</b>
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PAS ROMANACH, GABRIEL</b>
STREET ADDRESS	<b>11655 SW 117TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VASD HEFFRON, BRENT F</b>
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>AS PATRON, RONALD H</b>
STREET ADDRESS	<b>110 VETERANS BLVD</b>
CITY-ST-ZIP	<b>METAIRIE LA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>AS BUDDE, KENNETH C</b>
STREET ADDRESS	<b>110 VETERANS BLVD</b>
CITY-ST-ZIP	<b>METAIRIE LA</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S OLVEY, CORINNE I</b>
STREET ADDRESS	<b>1201 S, ORLANDO AVE., SUITE 365</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D ROWE, WILLIAM E.</b>
1.3 STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>
1.4 CITY-ST-ZIP	<b>METAIRIE, LA 70005</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D HENICAN, JOSEPH P. III</b>
2.3 STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>
2.4 CITY-ST-ZIP	<b>METAIRIE, LA 70005</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>AS TRAHAN, LORALICE A.</b>
3.3 STREET ADDRESS	<b>110 VETERANS MEMORIAL BLVD</b>
3.4 CITY-ST-ZIP	<b>METAIRIE, LA 70005</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T/S MATASAVAGE, FRANK L.</b>
4.3 STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>
4.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>P/AS ROMANACH, GABRIEL A.</b>
5.3 STREET ADDRESS	<b>8200 BIRD ROAD</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33155</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D/NP/AS HEFFRON, BRENT F.</b>
6.3 STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>
6.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent F. Heffron* **Brent F. Heffron** DATE **April 14, 1999** DAYTIME PHONE # **407-740-7000**

Signature, typed or printed name of signing officer or director

CR2E034 (11/98)