

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

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

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

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 ☐

**\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ 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 **CT CORPORATION SYSTEM**  
**82** Street Address **1200 PINE ISLAND ROAD**  
**83**  
**84** City **PLANTATION, FL 33324**

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

T ☐ DELETE

NAME **MATASAVAGE, FRANK L.**  
STREET ADDRESS **1201 S ORLANDO AVE #365**  
CITY-ST-ZIP **WINTER PARK FL 32789**

PAS ☐ DELETE

NAME **ROMANACH, GABRIEL**  
STREET ADDRESS **11655 SW 117TH AVE.**  
CITY-ST-ZIP **MIAMI FL**

VASD ☐ DELETE

NAME **HEFFRON, BRENT F**  
STREET ADDRESS **1201 S ORLANDO AVE #365**  
CITY-ST-ZIP **WINTER PARK FL**

AS ☒ DELETE

NAME **PATRON, RONALD H**  
STREET ADDRESS **110 VETERANS BLVD**  
CITY-ST-ZIP **METAIRIE LA**

AS ☐ DELETE

NAME **BUDDE, KENNETH C**  
STREET ADDRESS **110 VETERANS BLVD**  
CITY-ST-ZIP **METAIRIE LA**

S ☒ DELETE

NAME **OLVEY, CORINNE I**  
STREET ADDRESS **1201 S. ORLANDO AVE., SUITE 365**  
CITY-ST-ZIP **WINTER PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D ROWE, WILLIAM E.**  
1.2 NAME  
1.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**  
1.4 CITY-ST-ZIP **METAIRIE, LA 70005**

2.1 TITLE ☐ Change ☒ Addition

NAME **D HENICAN, JOSEPH P. III**  
2.2 NAME  
2.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**  
2.4 CITY-ST-ZIP **METAIRIE, LA 70005**

3.1 TITLE ☐ Change ☒ Addition

NAME **AS TRAHAN, LORALICE A.**  
3.2 NAME  
3.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**  
3.4 CITY-ST-ZIP **METAIRIE, LA 70005**

4.1 TITLE ☒ Change ☐ Addition

NAME **T/S MATASAVAGE, FRANK L.**  
4.2 NAME  
4.3 STREET ADDRESS **1201 S ORLANDO AVE #365**  
4.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

5.1 TITLE ☒ Change ☐ Addition

NAME **P/AS ROMANACH, GABRIEL A.**  
5.2 NAME  
5.3 STREET ADDRESS **8200 BIRD ROAD**  
5.4 CITY-ST-ZIP **MIAMI, FL 33155**

6.1 TITLE ☒ Change ☐ Addition

NAME **D/NP/AS HEFFRON, BRENT F.**  
6.2 NAME  
6.3 STREET ADDRESS **1201 S ORLANDO AVE #365**  
6.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

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**  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 14, 1999**  
Date

**407-740-7000**  
Daytime Phone #

CR2E034 (11/98)