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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32789-7107

3. Date Incorporated or Qualified

10/14/1937

3a. Date of Last Report

05/01/1996

4. FEI Number

59-0259432

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KNOPKE, RAYMOND C
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PANTER, MARK A	
STREET ADDRESS	4207 E. LAKE AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	2400 HARRELL RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SAGARO, JUAN J	
STREET ADDRESS	4207 E LAKE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUDEE, KENNETH C	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METAIRIE LA	

13.

1.1 TITLE	P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keenan L. Knopke	
1.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
1.4 CITY-ST-ZIP	Winter Park, FL 32789	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank L. Matasavage	
2.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	
3.1 TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brent F. Heffron	
3.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
3.4 CITY-ST-ZIP	Winter Park, FL 32789	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Corinne I. Olvey	
4.3 STREET ADDRESS	1201 S. Orlando Ave., # 365	
4.4 CITY-ST-ZIP	Winter Park, FL 32789	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William E. Rowe	
5.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
5.4 CITY-ST-ZIP	Metairie, LA 70005	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joseph P. Henican III	
6.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
6.4 CITY-ST-ZIP	Metairie, LA 70005	

14. I do 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.

SIGNATURE:

Corinne I. Olvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corinne I. Olvey

4/28/97 407/740-7000

File Phone #

CR2E034 (9/96)

GARDEN OF MEMORIES, INC.

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS
LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not
available in Block 13 of the original form completed:

D	Mark Curry, Jr. 4207 E. Lake Avenue Tampa, FL 33610	ADDITION
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