

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 # 018214

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**

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

05-06-1999 90293 010 ***900.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1937

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KNOPKE, KEENAN L
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 City

CT CORPORATION SYSTEM

1200 PINE ISLAND ROAD

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

Victor Alfano
Signature, typed or printed name of registered agent and title if applicable.

Victor Alfano

3/16/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PAS**
STREET ADDRESS **KNOPKE, KEENAN L**
CITY-ST-ZIP **1201 S ORLANDO AVE #365
WINTER PRK FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MATASAVAGE, FRANK L**
CITY-ST-ZIP **1201 S ORLANDO AVE #365
WINTER PRK FL**

TITLE ☐ DELETE
NAME **VPSD**
STREET ADDRESS **HEFFRON, BRENT F**
CITY-ST-ZIP **1201 S ORLANDO AVE #365
WINTER PRK FL**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **OLVEY, CORINNE I**
CITY-ST-ZIP **1201 S ORLANDO AVE, #365
WINTER PARK FL**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D/C**
4.3 STREET ADDRESS **CURRY, MARK JR.**
4.4 CITY-ST-ZIP **4207 EAST LAKE AVENUE
TAMPA, FL 33610**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **T/S**
5.3 STREET ADDRESS **MATASAVAGE, FRANK L.**
5.4 CITY-ST-ZIP **1201 S ORLANDO AVE #365
WINTER PARK, FL 32789**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D/VP/AS**
6.3 STREET ADDRESS **HEFFRON, BRENT F.**
6.4 CITY-ST-ZIP **1201 S ORLANDO AVE #365
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:

SIGNATURE (TYPE OR PRINT)

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)