

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

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

05-06-1999 90293 010 \*\*\*900.00

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
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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
Country 29	Zip 30

3. Date Incorporated or Qualified <b>10/14/1937</b>	Applied For Not Applicable
4. FEI Number <b>59-0259432</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing <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

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

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** 3/16/99  
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	PAS	<input type="checkbox"/> DELETE
NAME	<b>KNOPKE, KEENAN L</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PRK FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>MATASAVAGE, FRANK L</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PRK FL</b>	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	<b>HEFFRON, BRENT F</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PRK FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLVEY, CORINNE I</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE, #365</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	<b>PATRON, RONALD H</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>BUDE, KENNETH C</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>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	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CURRY, MARK JR.</b>	
4.3 STREET ADDRESS	<b>4207 EAST LAKE AVENUE</b>	
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33610</b>	
5.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MATASAVAGE, FRANK L.</b>	
5.3 STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
5.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>	
6.1 TITLE	D/V/P/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>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  
SIGNATURE (TYPE OR PRINT) **Brent F. Heffron**

April 14, 1999  
 (407) 740-7000

CR2E034 (1/98)