

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 103956 (9)

1. Corporation Name
WALSH & WOOD FUNERAL HOME, INC.



Principal Place of Business 7140 ABBOTT AVE. MIAMI BEACH FL 33141	Mailing Address 7140 ABBOTT AVE. MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	1201 S. Orlando Av.	10/14/1925	
22	City & State	27	Suite 365	4. FEI Number	
23	Zip	28	Winter Park, FL	59-0614284	
24	Country	29	32789	Applied For	
		30	USA	Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STANTON, FRED 1111 LINCOLN ROAD, STE 600 MIAMI BEACH FL 33139			81 Name Gabriel Romanach		
			82 Street Address (P.O. Box Number is Not Acceptable) 11655 S.W. 117th Ave.		
			83		
			84 City Miami		
			85 Zip Code 33186		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

11. Pursuant to the provisions of Sections 607.0402 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]* DATE **4-20-98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JUNE	1.2 NAME	Gabriel Romanach
STREET ADDRESS	7140 ABBOTT AVE.	1.3 STREET ADDRESS	11655 S. W. 117th Ave.
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, JERRY B., JR.	2.2 NAME	D/VP/AS
STREET ADDRESS	7140 ABBOTT AVE.	2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, LEE	3.2 NAME	D
STREET ADDRESS	7140 ABBOTT AVE.	3.3 STREET ADDRESS	William E. Rowe
CITY-ST-ZIP	MIAMI BCH. FL	3.4 CITY-ST-ZIP	110 Veterans Memorial Blvd. Metairie, LA 70005
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald H. Patron	4.2 NAME	D
STREET ADDRESS	110 Veterans Memorial Blvd.	4.3 STREET ADDRESS	Joseph P. Henican, III
CITY-ST-ZIP	Metairie, LA 70005	4.4 CITY-ST-ZIP	110 Veterans Memorial Blvd. Metairie, LA 70005
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth C. Budde	5.2 NAME	S
STREET ADDRESS	110 Veterans Memorial Blvd.	5.3 STREET ADDRESS	Corinne I. Olvey
CITY-ST-ZIP	Metairie, LA 70005	5.4 CITY-ST-ZIP	1201 S. Orlando Ave., Ste. 365 Winter Park, FL 32789
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	T
STREET ADDRESS		6.3 STREET ADDRESS	Frank L. Matasavage
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1201 S. Orlando Ave., Ste. 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.

SIGNATURE *[Signature]* Corinne I. Olvey 4-22-98 407/740-7000

CR2E034 (10/97)