

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

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 103956

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

Principal Place of Business 7140 ABBOTT AVE. MIAMI BEACH FL 33141	Mailing Address 1201 S ORLANDO AVE SUITE 365 WINTER PARK FL 32789 US
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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
Zip 29	Country 30

3. Date Incorporated or Qualified 10/14/1925	
4. FEI Number 59-0614284	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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]* **Victor Albano** DATE: **3/16/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS ROMANACH, GABRIEL 11655 SW 117TH AVE MIAMI FL 33186	1.1 TITLE	AS BUDDE, KENNETH C. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005
NAME	DVP HEFFRON, BRENT F 1201 S ORLANDO AVE, SUITE 365 WINTER PARK FL 32789	2.1 TITLE	AS TRAHAN, LORALICE A. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005
STREET ADDRESS	D ROWE, WILLIAM 110 VETERANS MEM BLVD METARIE LA 70005	3.1 TITLE	T/S MATASAVAGE, FRANK L. 1201 S ORLANDO AVE #365 WINTER PARK, FL 32789
CITY-ST-ZIP	D HENIAN, JOSEPH P I 110 VETERAN MEMBLVD METARIE LA 70005	3.2 NAME	P/AS ROMANACH, GABRIEL A. 8200 BIRD ROAD MIAMI, FL 33155
	S OLVEY, CORINNE I 1201 S ORLANDO AVE, SUITE 365 WINTER PARK FL 32789	3.3 STREET ADDRESS	D/VP/AS HEFFRON, BRENT F. 1201 S ORLANDO AVE #365 WINTER PARK, FL 32789
	T MASTASAVAGE, FRANK 1201 S ORLANDO AVE, #365 WINTER PARK FL 32789	3.4 CITY-ST-ZIP	D HENICAN, JOSEPH P. III 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Brent F. Heffron** April 14, 1999
 (407) 740-7000

CR2E034 (11/98)