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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 192027

SOUTH DADE - PALMS MEMORIAL PARK, INC.

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Principal Place of Business		Mailing Address		4 INDIO! TIDIO INTERVINATION DO TENTI TODO	I SINK NINII ALNII SINII ALNIK NINII INNI
27100 OLD DIXIE HIGHWAY NARANJA FL 33032		P. O. BOX 141418 MIAMI FL 33114-1418 US			
				<ol> <li>Date incorporated or Qualified 03/30/1956</li> </ol>	3a. Date of Last Report 05/01/1996
<b>2.</b> Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #,	Ale	Suite, Apt. #, etc.		59-0778117	Not Applicable
22	, etc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
2 <b>3</b> ] Žip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes No
	9. Name and Address of Curre		1301	10. Name and Address of New Re	
	AN L. KNOPKE		81 Name		
	SW 117TH AVE		80 000		
MIAMI FL 33186			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
(110 (11)			83		
			84 City		FL 85 Zip Code
11. Pursuant to	pietorad amont or both in the Cinte	e of Florida. Such change wa	is authorized by the cor	poration's board of directors. I hereby acce	pt the appointment as registered
agent Lam SIGNATURE	grature typed or protect name of registered agr	pations of, Section 607.0505,	Florida Statutes.	÷	DATE
agent Lam SIGNATURE	familiar with, and accept the oblig	pations of, Section 607.0505,	Florida Statutes.  OTE: Registered Agent signature  13.	a required when reinstabing)	DATE CERS AND DIRECTORS IN 12
omice or reg agent. I am SIGNATURE \$50 <b>12.</b>	familiar with, and accept the oblig	ent and title if applicable.	Florida Statutes.  OTE: Registered Agent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
office of reg agent I and SIGNATURE \$50 12.	familiar with, and accept the oblig	ations of, Section 607.0505, and and title if applicable. (N ID DIRECTORS	Florida Statutes.  OTE: Registered Agent signature  13.	a required when reinstaking)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
Office of reg agent I am SIGNATURE Tag  12.  THEF  MAME SHELL ADDRESS	P KEENAN, KNOPKE L. 11655 SW 117TH AVE	ations of, Section 607.0505, and and title if applicable. (N ID DIRECTORS	Florida Statutes.  OTE: Registered Agent signature  13.  11 TITLE	ADDITIONS/CHANGES TO OFFICE P/AS Gabriel Romanach	CERS AND DIRECTORS IN 12
Office of reg agent I am SIGNATURE  12.  THEF NAME STREEL ADDRESS CITY ST719	OFFICERS AN P KEENAN, KNOPKE L. 11655 SW 117TH AVE	ations of, Section 607.0505, and and title if applicable. (N ID DIRECTORS	Florida Statutes  OTE: Registered Agent signature  13.  11 TITLE  12 NAME	a required when reinstaking)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
SIGNATURE  12.  THEF  NAME  SHELL ADDRESS  CHY-S1-719  THE	OFFICERS AN P KEENAN, KNOPKE L. 11655 SW 117TH AVE MIAMI FL VPS	ations of, Section 607.0505, and and title if applicable.  (N D DIRECTORS	OTE: Registered Agent signature  13.  1 I TITLE  12 NAME  13 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE P/AS Gabriel Romanach 11655, SW 117116 Avenue	CERS AND DIRECTORS IN 12
Office of regarder Lam SIGNATURE  12. THEF NAME STREET ADDRESS CITY SLITZIP THEF NAME	P KEENAN, KNOPKE L. 11655 SW 117TH AVE MIAMI FL VPS OLVEY, CORINNE I.	pations of, Section 607.0505, and and title if applicable. (N ID DIRECTORS DELETE	OTE: Registered Agent signature  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE P/AS Gabriel Romanach 11655, SWL 133186 Avenue VP/AS/D	CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  THEF  NAME SHELL ADDRESS  CIEY -SL-7P  THEF  NAME SHIELL ADDRESS	P KEENAN, KNOPKE L. 11655 SW 117TH AVE MIAMI FL VPS OLVEY, CORINNE I. 1201 S. ORLANDO AVE., SUIT	pations of, Section 607.0505, and and title if applicable. (N ID DIRECTORS DELETE	Tiorida Statutes  13.  11TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE ,	ADDITIONS/CHANGES TO OFFICE P/AS Gabriel Romanach 11655 SW 117th Avenue VP/AS/D Brent F. Heffron	CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE  12.  THEF  NAME  SHEEL ADDRESS  OUTY-SL-ZIP  STREEL ADDRESS  OUTY-SL-ZIP  OUTY-SL-ZIP	OFFICERS AN PROBLEM STATE OF RESIDENCE AND PROBLEM STATE OF RE	pations of, Section 607.0505, ent and title if applicable. (N ID DIRECTORS  DELETE  DELETE	Tiorida Statutes  13.  11 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 Title 22 NAME	P/AS Gabriel Romanach 11655, SW 117th Avenue WP/AS/D Brent F. Heffron 1201 S. Orlando Avenue	CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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f an an officer or direct appears in Block 12 d Corinne I. Olvey SIGNATURE:

4/28/97 407/740-7000 FRONDE \*

**FILED** 

May 06 1997 8:00am

Secretary of State