

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 192027 (1)
1. Corporation Name
SOUTH DADE - PALMS MEMORIAL PARK, INC.

Principal Place of Business
**27100 OLD DOXIE HIGHWAY
NARANJA FL 33032**

Mailing Address
**P. O. BOX 141418
MIAMI FL 33114-1418
US**

FILED
May 06 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1956		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0778117		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEENAN L. KNOPKE 11655 SW 117TH AVE MIAMI FL 33186				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/AS
NAME	KEENAN, KNOPKE L.	12 NAME	Gabriel Romanach
STREET ADDRESS	11655 SW 117TH AVE	13 STREET ADDRESS	11655 SW 117th Avenue
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VPS	21 TITLE	VP/AS/D
NAME	OLVEY, CORINNE I.	22 NAME	Brent F. Heffron
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 365	23 STREET ADDRESS	1201 S. Orlando Avenue, Ste. 365
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VPT	31 TITLE	AS
NAME	MATASAVAGE, FRANK L.	32 NAME	Ronald H. Patron
STREET ADDRESS	2400 HARRELL ROAD	33 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Metairie, LA 7005
TITLE	VPD	41 TITLE	AS
NAME	ROWE, WILLIAM E.	42 NAME	Kenneth C. Budde
STREET ADDRESS	110 VETERANS BLVD.	43 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	METairie LA	44 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VPD	51 TITLE	D
NAME	BRIAN J. MARLOWE	52 NAME	Joseph P. Henican III
STREET ADDRESS	6707 DEMOCRACY BLVD STE 950	53 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	BETHESDA MD	54 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VP	61 TITLE	
NAME	ERIC MASPONS, JR.	62 NAME	
STREET ADDRESS	11655 SW 117TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do 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: *Corinne I. Olvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Corinne I. Olvey
4/28/97 407/740-7000

CR2E034 (9/96)