

5-15-98 B 7399 C
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 # **192027** (1)

1. Corporation Name

SOUTH DADE - PALMS MEMORIAL PARK, INC.

Principal Place of Business

**11655 S.W. 117TH AVENUE
MIAMI FL 33186**

Mailing Address

**11655 S.W. 117TH AVENUE
MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1956	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0778117	Applied For ☐ Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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	
				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

Signature, typed or printed name of registered agent and title, if applicable

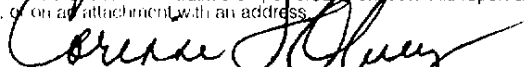
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	PAS	☐ DELETE	1.1 TITLE	D/VP/AS	☐ Change ☒ Addition
NAME	ROMANACH, GABRIEL		1.2 NAME	Brent F. Heffron	
STREET ADDRESS	11655 SW 117TH AVE		1.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VPS	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	OLVEY, CORINNE I.		2.2 NAME	Corinne I. Olvey	
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 365		2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VPT	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	MATASAVAGE, FRANK L.		3.2 NAME	Frank L. Matasavage	
STREET ADDRESS	2400 HARRELL ROAD		3.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VPD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ROWE, WILLIAM E.		4.2 NAME	William E. Rowe	
STREET ADDRESS	110 VETERANS BLVD.		4.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	METAIRIE LA		4.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	D	☐ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	HENICAN, JOSEPH P III		5.2 NAME	Kenneth C. Budde	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD		5.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	METAIRIE LA		5.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PATRON, RONALD		6.2 NAME		
STREET ADDRESS	110 VETERANS MEMORIAL BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		6.4 CITY-ST-ZIP		

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:



Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)