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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 # 192027

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

3. Date Incorporated or Qualified

03/30/1956

4. FEI Number

59-0778117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

29. Zip Country

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	ROMANACH, GABRIEL	
STREET ADDRESS	11655 SW 117TH AVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OLVEY, C I	
STREET ADDRESS	1201 S ORLANDO AVE, STE 365	
CITY-ST-ZIP	WINTER PK FL 32789	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, F L	
STREET ADDRESS	1201 S ORLANDO AVE, STE 365	
CITY-ST-ZIP	ORLANDO FL 32789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, W E	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METairie LA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENICAN, JOSEPH P III	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METairie LA	

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PATRON, RONALD	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METairie LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/VPIAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HEFFRON, BRENT F.	
1.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BUDDE, KENNETH C.	
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
2.4 CITY-ST-ZIP	METairie, LA 70005	

3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TRAHAN, LORALICE A.	
3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
3.4 CITY-ST-ZIP	METairie, LA 70005	

4.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATASAVAGE, FRANK L.	
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

5.1 TITLE	P/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROMANACH, GABRIEL A.	
5.3 STREET ADDRESS	8200 BIRD ROAD	
5.4 CITY-ST-ZIP	MIAMI, FL 33155	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROWE, WILLIAM E.	
6.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
6.4 CITY-ST-ZIP	METairie, LA 70005	

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, TYPED OR PRINTED NAME

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (1/98)

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