

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

DOCUMENT # 252940  
1. Corporation Name

(2)

NATIONAL MONUMENT CO., 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1201 S. Orlando Ave.

Suite, Apt. #, etc.

27 Suite 365

City & State

28 Winter Park, FL

Zip

Country

29

30 USA

3. Date Incorporated or Qualified

11/08/1961

4. FEI Number

59-0941038

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROMANACH, GABRIEL  
11655 S.W. 117TH AVE  
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 VASD ☐ DELETE  
NAME HEFFRON, BRENT F  
STREET ADDRESS 1201 S ORLANDO AVE SUITE #365  
CITY-ST-ZIP WINTER PARK FL

TITLE PAS ☐ DELETE  
NAME ROMANACH, GABRIEL  
STREET ADDRESS 11655 SW 117 AVE  
CITY-ST-ZIP MIAMI FL

TITLE VT ☒ DELETE  
NAME MATASAVAGE, FRANK L  
STREET ADDRESS 2400 HARRELL ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE VS ☒ DELETE  
NAME OLVEY, CORINNE I  
STREET ADDRESS 1201 S ORLANDO AVE #365  
CITY-ST-ZIP WINTER PARK FL

TITLE VPD ☒ DELETE  
NAME ROWE, WILLIAM  
STREET ADDRESS 110 VETERANS BLVD  
CITY-ST-ZIP METAIRIE LA 70005

TITLE AS ☐ DELETE  
NAME BUDD, KENNETH C  
STREET ADDRESS 110 VETERANS BLVD  
CITY-ST-ZIP METAIRIE LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Joseph P. Henican, III.  
1.3 STREET ADDRESS 110 Veterans Memorial Blvd.  
1.4 CITY-ST-ZIP Metairie, LA 70005

2.1 TITLE AS ☐ Change ☒ Addition  
2.2 NAME Ronald H. Patron  
2.3 STREET ADDRESS 110 Veterans Memorial Blvd.  
2.4 CITY-ST-ZIP Metairie, LA 70005

3.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME Frank L. Matasavage  
3.3 STREET ADDRESS 1201 S. Orlando Ave., Ste. 365  
3.4 CITY-ST-ZIP Winter Park, FL 32789

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME Corinne I. Olvey  
4.3 STREET ADDRESS 1201 S. Orlando Ave., Ste. 365  
4.4 CITY-ST-ZIP Winter Park, FL 32789

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME William E. Rowe  
5.3 STREET ADDRESS 110 Veterans Memorial Blvd.  
5.4 CITY-ST-ZIP Metairie, LA 70005

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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*

Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)