

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 252940

1. Corporation Name

NATIONAL MONUMENT CO., INC.

Principal Place of Business

11655 S.W. 117TH AVENUE
MIAMI FL 33186

Mailing Address

1201 S ORLANDO AVE
STE 365
WINTER PK FL 33186
US

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

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

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 607.0202 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 ☐ DELETE

NAME VASO
STREET ADDRESS HEFFRON, BRENT F
CITY-ST-ZIP 1201 S ORLANDO AVE SUITE #365
WINTER PARK FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME T
STREET ADDRESS MATASAVAGE, F L
CITY-ST-ZIP 1201 S ORLANDO AVE, STE 365
WINTER PK FL 32789

TITLE ☒ DELETE

NAME S
STREET ADDRESS OLVEY, C I
CITY-ST-ZIP 1201 S ORLANDO AVE, STE 365
WINTER PK FL 32789

TITLE ☐ DELETE

NAME D
STREET ADDRESS ROWE, W E
CITY-ST-ZIP 110 VETERANS BLVD
METAIRIE LA 70005

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

AS
TRAHAN, LORALICE A.
110 VETERANS MEMORIAL BLVD
METAIRIE, LA 70005

1.2 NAME ☐ Change ☒ Addition

D
HENICAN, JOSEPH P. III
110 VETERANS MEMORIAL BLVD
METAIRIE, LA 70005

2.1 TITLE ☒ Change ☐ Addition

T/S
MATASAVAGE, FRANK L.
1201 S ORLANDO AVE #365
WINTER PARK, FL 32789

2.2 NAME ☒ Change ☐ Addition

D/V/P/AS
HEFFRON, BRENT F.
1201 S ORLANDO AVE #365
WINTER PARK, FL 32789

2.3 STREET ADDRESS ☒ Change ☐ Addition

P/AS
ROMANACH, GABRIEL A.
8200 BIRD ROAD
MIAMI, FL 33155

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

D
ROWE, WILLIAM E.
110 VETERANS MEMORIAL BLVD
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 (11/98)

0574597

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 005 ***900.00



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