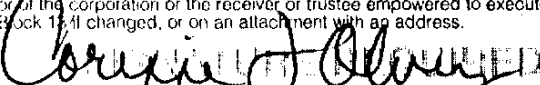


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # 268235 (9)																	
1. Corporation Name ARLINGTON MEMORIAL PARK CEMETERY AND FUNERAL HOME, INC.																	
2. Principal Place of Business 6821 LONE STAR ROAD JACKSONVILLE FL 32211			Mailing Address 6821 LONE STAR ROAD JACKSONVILLE FL 32211-5820														
21. State, Apt. #, etc. Suite 365		22. City & State Winter Park, Florida		23. Zip 32789													
24. Country USA		25. Country USA															
9. Name and Address of Current Registered Agent KNOPKE, RAYMOND C JR 1201 S. ORLANDO AVE. SUITE 365 WINTER PARK FL 32789			10. Name and Address of New Registered Agent														
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)														
83. City			84. 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																	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
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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: 																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	



Corinne I. Olvey
4/28/97 407/740-7000

e Phone #

0034335

CR2E034 (9/96)