

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 # 278121		(9)	
1. Corporation Name CHAPEL HILL CEMETERY INC			



Principal Place of Business 1201 S ORLANDO AVE #365 WINTER PARK FL 32789	Mailing Address 1201 S ORLANDO AVE #365 WINTER PARK FL 32789-7107
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1964	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1036850		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KNOPKE, RAYMOND C JR		1.2 NAME Keenan L. Knopke	
STREET ADDRESS 1201 S ORLANDO AVE #365		1.3 STREET ADDRESS 1201 S. Orlando Avenue # 365	
CITY-ST-ZIP WINTER PARK FL 32789		1.4 CITY-ST-ZIP Winter Park, FL 32789	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATASAVAGE, FRANK L.		2.2 NAME Frank L. Matasavage	
STREET ADDRESS 2400 HARRELL RD.		2.3 STREET ADDRESS 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Winter Park, FL 32789	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HORA, JAMES A		3.2 NAME Brent F. Heffron	
STREET ADDRESS 2400 HARRELL RD		3.3 STREET ADDRESS 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP Winter Park, FL 32789	
TITLE VS	<input type="checkbox"/> DELETE	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLVEY, CORINNE I		4.2 NAME Corinne I. Olvey	
STREET ADDRESS 1201 S ORLANDO AVE #365		4.3 STREET ADDRESS 1201 S. Orlando Ave., # 365	
CITY-ST-ZIP WINTER PARK FL		4.4 CITY-ST-ZIP Winter Park, FL 32789	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATRON, RONALD H		5.2 NAME William E. Rowe	
STREET ADDRESS 110 VETERANS BLVD.		5.3 STREET ADDRESS 110 Veterans Memorial Blvd.	
CITY-ST-ZIP METAIRIE LA		5.4 CITY-ST-ZIP Metairie, LA 70005	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUDDE, KENNETH C		6.2 NAME Joseph P. Henican III	
STREET ADDRESS 110 VETERAN'S DR.		6.3 STREET ADDRESS 110 Veterans Memorial Blvd.	
CITY-ST-ZIP METAIRIE LA		6.4 CITY-ST-ZIP Metairie, LA 70005	

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: Corinne I. Olvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Corinne I. Olvey
4/28/97 407/740-7000
Daytime Phone #

CR2E034 (9/96)