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**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
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DOCUMENT # 347119 (0)

1. Corporation Name
GLEN HAVEN MEMORIAL PARK, INC.



Principal Place of Business 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789	Mailing Address 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789-7107
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3. Date Incorporated or Qualified 05/26/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1280092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

**KNOPKE, RAYMOND C.
1201 SOUTH ORLANDO AVENUE
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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KNOPKE, RAYMOND C JR
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	VT <input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L
STREET ADDRESS	2400 HARRELL ROAD
CITY - ST - ZIP	ORLANDO FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	PATRON, RONALD H
STREET ADDRESS	110 VETERANS BLVD
CITY - ST - ZIP	METAIRIE LA
TITLE	AS <input type="checkbox"/> DELETE
NAME	BUDE, KENNETH C
STREET ADDRESS	110 VETERANS BLVD
CITY - ST - ZIP	METAIRIE LA
TITLE	VS <input type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I
STREET ADDRESS	1201 S ORLANDO AVE, #365
CITY - ST - ZIP	WINTER PARK FL
TITLE	D/VP <input checked="" type="checkbox"/> DELETE
NAME	MARLOWE, BRIAN J.
STREET ADDRESS	6707 DEMOCRACY BLVD. #950
CITY - ST - ZIP	BETHESDA MD 20817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keenan L. Knopke
1.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
1.4 CITY - ST - ZIP	Winter Park, FL 32789
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frank L. Matasavage
2.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
2.4 CITY - ST - ZIP	Winter Park, FL 32789
3.1 TITLE	VP/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brent F. Heffron
3.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
3.4 CITY - ST - ZIP	Winter Park, FL 32789
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	William E. Rowe
4.3 STREET ADDRESS	110 Veterans Memorial Blvd.
4.4 CITY - ST - ZIP	Metairie, LA 70005
5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Corinne I. Olvey
5.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
5.4 CITY - ST - ZIP	Winter Park, FL 32789
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joseph P. Henican III
6.3 STREET ADDRESS	110 Veterans Memorial Blvd.
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)