

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

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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
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DOCUMENT # 430736 (9)

1. Corporation Name

FLORIDA HILLS MEMORIAL GARDENS, INC.

Principal Place of Business

14354 SPRING HILL DR.
BROOKSVILLE FL 34809

Mailing Address

14354 SPRING HILL DR.
BROOKSVILLE FL 34809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1201 S. Orlando Ave.		07/17/1973	
22 City & State		27 Suite 365		4. FEI Number	
23 Zip		28 Winter Park, FL		59-1472326	
24 Country		29 32789		Applied For	
25		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCATEER, DERRILL S. 20491 POWELL ROAD BROOKSVILLE FL 34809				81 Name Keenan L. Knopke	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				1201 S. Orlando Ave.	
				83 Suite 365	
				84 City Winter Park FL 85 Zip Code 32789	

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

Keenan L. Knopke
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	NAME	MCATEER, DERRILL S.	1.1 TITLE	P. AS	1.2 NAME	Keenan L. Knopke
STREET ADDRESS	20491 POWELL ROAD	CITY-ST-ZIP	BROOKSVILLE FL	1.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	ST	NAME	MUELLER, JOHN	2.1 TITLE	S	2.2 NAME	Corinne I. Olvey
STREET ADDRESS	901 FRANKLIN RD.	CITY-ST-ZIP	TAMPA FL	2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D	NAME	TURNER, JIMMY	3.1 TITLE	T	3.2 NAME	Frank L. Matasavage
STREET ADDRESS	730 FERNWOOD DR.	CITY-ST-ZIP	BROOKSVILLE FL	3.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		NAME		4.1 TITLE	D. VP. AS	4.2 NAME	Brent F. Heffron
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	AS	NAME	Kenneth C. Budde	5.1 TITLE	D	5.2 NAME	William E. Rowe
STREET ADDRESS	110 Veterans Memorial Blvd.	CITY-ST-ZIP	Metairie, LA 70005	5.3 STREET ADDRESS	110 Veterans Memorial Blvd.	5.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	AS	NAME	Ronald H. Patron	6.1 TITLE	D	6.2 NAME	Joseph P. Henican, III.
STREET ADDRESS	110 Veterans Memorial Blvd.	CITY-ST-ZIP	Metairie, LA 70005	6.3 STREET ADDRESS	110 Veterans Memorial Blvd.	6.4 CITY-ST-ZIP	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.

SIGNATURE:

Corinne I. Olvey

Corinne I. Olvey

4-22-98

407/740-7000

CR2E034 (10/97)