

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

FILED
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 # 575479
1. Corporation Name
ALL FAITHS MEMORIAL PARK, INC.

(1)

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1978	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1825207		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	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KNOPKE, KEENAN L 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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	S	1.1 TITLE	D
NAME	OLVEY, CORINNE I	1.2 NAME	William E. Rowe
STREET ADDRESS	1201 S ORLANDO AVE, #365	1.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	PAS	2.1 TITLE	D-AS-VP
NAME	KNOPKE, KEENAN L	2.2 NAME	Brent F. Heffron
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE	2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	T	3.1 TITLE	
NAME	MATASAVAGE, FRANK L.	3.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE #365	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	PATRON, RONALD H	4.2 NAME	
STREET ADDRESS	110 VETERANS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	BUDDIE, KENNETH C	5.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HENICAN, JOSEPH P III	6.2 NAME	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	6.4 CITY-ST-ZIP	

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 4-22-98 407/740-7000

CR2E034 (10/97)