


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 # **F69824** (3)
1. Corporation Name
SEMORAN FUNERAL HOME, 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
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/05/1982	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-2174496	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	

9. Name and Address of Current Registered Agent KNOPKE, RAYMOND C JR. 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 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	VS	<input type="checkbox"/> DELETE		1.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLVEY, CORINNE I			1.2 NAME	Corinne I. Olvey		
STREET ADDRESS	1201 S ORLANDO AVE, #365			1.3 STREET ADDRESS	1201 S. Orlando Ave., # 365		
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	P/AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HORA, JAMES A			2.2 NAME	Keenan L. Knopke		
STREET ADDRESS	2400 HARRELL ROAD			2.3 STREET ADDRESS	1201 S. Orlando Ave., # 365		
CITY-ST-ZIP	ORLANDO FL 32817			2.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP/AS/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KNOPKE, RAYMOND C JR			3.2 NAME	Brent F. Heffron		
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE			3.3 STREET ADDRESS	1201 S. Orlando Ave., # 365		
CITY-ST-ZIP	WINTER PARK FL 32789			3.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE	I	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATASAVAGE, FRANK L			4.2 NAME	Frank L. Matasavage		
STREET ADDRESS	2400 HARRELL ROAD			4.3 STREET ADDRESS	1201 S. Orlando Ave., # 365		
CITY-ST-ZIP	ORLANDO, FL 0			4.4 CITY-ST-ZIP	Winter Park, FL 32789		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PANTER, MARK A			5.2 NAME	William E. Rowe		
STREET ADDRESS	4207 E. LAKE AVE			5.3 STREET ADDRESS	110 Veterans Memorial Blvd.		
CITY-ST-ZIP	TAMPA FL 33610			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. Kenican III		
STREET ADDRESS	110 VETERAN WAY			6.3 STREET ADDRESS	110 Veterans Memorial Blvd.		
CITY-ST-ZIP	METairie, LA 00000			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 199.07(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**
4/28/97 407/740-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

SEMORAN FUNERAL HOME, INC.

**BLOCK 13 - CONTINUED - ADDITIONS/CHANGES TO THE OFFICERS
LISTED IN BLOCK 12**

The following are additional Officer(s) of this corporation as space was not
available in Block 13 of the original form completed:

AS

Ronald H. Patron
110 Veterans Memorial Blvd.
Metairie, LA 70005

ADDITION