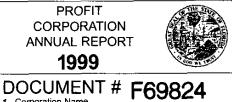
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SEMORAN FUNERAL HOME, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 011 ***900.00

		(1 1 1 1 1 1 1 1 1	

Principal Place of Business Mailing Address							***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1201 SOUTH O	RLANDO AVENUE			\ \									
SUITE 365		SUITE 365				DO NOT WRITE IN THIS SPACE							
WINTER PARK	FL 32789	WINTER PARK FL 32789			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							
							03/05/1982	3 Or Q0000					
2. Principal P	dress				4. FEI Number				Applied For				
-	ace of business	2a. Mailing Address				59-2174496				Not Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.									Additional		
	#, etc.	27					Certificate of State	us Desired			Required		
City & State	Α	City & State					6, Election Campaig	ın Financing		\$5.0	0 May Be		
23	-	28				Trust Fund Contr				d to Fees			
Zip	Country	Zip Country				8. This corporation	owes the curr	ent year Inta	angible				
24	25	29	30			1	Personal Propert		·	Yes	⊠ No		
	9. Name and Address of Current	Registered Agen					10. Name and Addr						
				81	Name		CT CORP	ORATIC	N SYS	STEM			
KNOPKE, KEENAN L					Street	Address							
1201 SOUTH ORLANDO AVENUE				82 Street Addr			1200 PINE	SLAN	D KOA	U			
SUITE 365				83			=				ļ		
WINT	FER PARK FL 32789			84	City				00004		le		
	/						PLANTAT						
11. Pursuant	to the provisions of Sections 607.0502 egistered Sent, or both, in the Sale of m familia with, and accept the obligation	and 607.1508, Fl	orida Statutes, the	abov	e-named	corpora	ation submits this stat	ement for the	purpose of	changing	its registered		
office or re	egistered gent, or both, in the Sate of	Florida. Such change of Section 60	ange was authoriz 7.0505. Florida \$1	orized by the corporation Statutes.			s board of directors. I	nereby accep	ot the appoi	ntment as	registered		
	Willes / Ch	Vì	4	N	Al	firms/	7	اطاله	44	Į			
SIGNATURE	Signature, typed or printed same of registered agent	and title if applicable.	(NOTE: Registe	red Ager	nt signature r	equired wi			DATE				
12.	OFFICERS AND		1	3.		-	ADDITIONS/CHAI	NGES TO OF	FICERS AN				
TITLE	S	K	DELETE 1.1	TITLE		D	UOAN JOOEDIJ	D 111		Chang	e 🔣 Addition		
NAME	OLVEY, CORINNE I		1.2 NA				IICAN, JOSEPH		חואס		\		
STREET ADDRESS 1201 S ORLANDO AVE, #365				ME			110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005				}		
CITY-ST-ZIP	WINTER PARK FL			CITY-S	T-ZIP		AINIE, LA 7000	<u> </u>		Chang	e 🔣 Addition		
TITLE	PAS			TITLE		AS	LIANLLODALIO	_ ^		Chang	e Managan		
NAME	KNOPKE, KEENAN L			NAME	Ì	l	HAN, LORALIC		ם ארם		~		
STREET ADDRESS	1201 S ORLANDO AVE #365				TADDRESS		VETERANS ME AIRIE, LA 7000		DLVD				
CITY-ST-ZIP	WINTER PARK FL			4 CITY-5	ST-ZIP			<u></u>		Chang	e Addition		
TITLE	VPSD	Ц	4	TITLE	l		PAS	. с		T chaild			
NAME	HEFFRON, BRENT F		1	2 NAME			FFRON, BRENT of S ORLANDO				i		
STREET ADDRESS	1201 S ORLANDO AVE #365				TADDRESS		NTER PARK, FL		,		ļ		
CITY-ST-ZIP	WINTER PRK FL			LCITY-S	ST-ZIP			JET US		Chang	e [] Addition		
TITLE	D DOWE WILLIAM F			I TITLE		T/S		2 4 8 11 2 3		Chang			
NAME	ROWE, WILLIAM E	.		2 NAME		l	TASAVAGE, FF		=		İ		
STREET ADDRESS	110 VETERANS MEMORIAL BLV	ט				1201 S ORLANDO AVE #365 _WINTER PARK. FL 32789							
CITY-ST-ZIP	METAIRIE LA			CITY-S	T-ZIP		NICK PARK. FL	.32109		Chang	e 🗌 Addition		
TITLE	1	L		1 TITLE 2 NAME		AS	DDE VENNETL	1 C		Unionality	- LJ AGGROTI		
NAME	MATASAVAGE, F. L	25			T ADDDCES	BU	DDE, KENNETH VETERANS M	TO. EMORIAL	BLVD				
STREET ADDRESS	1201 S ORLANDO AVE, STE 3	55	li i		T ADDRESS		TAIRIE, LA 700		. 5245				
CITY-ST-ZIP	WINTER PK FL 32789			CITY-S	1-212	IVIE	TAIRIL, LA 100			Chang	e 🗀 Addition		
TITLE	AS CENTREE LO			2 NAME		}					- Cradition		
NAME	BUDDE, KENNETH C				TADDDCCC	İ					!		
STREET ADDRESS	110 VETERAN WAY		6.3	SIKEE	TADDRESS	ı							

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 cory ration 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

METAIRIE, LA 00000



Brent F. Heffron

April 14, 1999 (407) 740-7000