

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 011 ***900.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F69824

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/05/1982	
21		26		4. FEI Number 59-2174496	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KNOPKE, KEENAN L 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address 1200 PINE ISLAND ROAD 83 84 City PLANTATION, FL 33324	
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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 Victor Alfano DATE 3/16/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLVEY, CORINNE I 1201 S ORLANDO AVE, #365 WINTER PARK FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D HENICAN, JOSEPH P. III 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS KNOPKE, KEENAN L 1201 S ORLANDO AVE #365 WINTER PARK FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	AS TRAHAN, LORALICE A. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HEFFRON, BRENT F 1201 S ORLANDO AVE #365 WINTER PRK FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DVP/AS HEFFRON, BRENT F. 1201 S ORLANDO AVE #365 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, WILLIAM E 110 VETERANS MEMORIAL BLVD METAIRIE LA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/S MATASAVAGE, FRANK L. 1201 S ORLANDO AVE #365 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATASAVAGE, F. L 1201 S ORLANDO AVE, STE 365 WINTER PK FL 32789 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS BUDE, KENNETH C. 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUDE, KENNETH C 110 VETERAN WAY METAIRIE, LA 00000 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Brent F. Heffron
SIGNED AND TYPED OR PRINTED

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)