

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 # H44739 (1)			
1. Corporation Name BAY AREA CREMATORY, INC.			
Principal Place of Business 5862 ULMERTON ROAD CLEARWATER FL 34620-3940		Mailing Address 499 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770-2014 US	
2. Principal Place of Business		2a. Mailing Address	
21		26 1201 S. Orlando Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27 365	
City & State		City & State	
23		28 Winter Park, FL	
Zip		Zip	
24		29 32789	
Country		Country	
25		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUBBELL, GERALD B. 499 N INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770		81 Name Corinne I. Olvey	
		82 Street Address (P.O. Box Number is Not Acceptable) 1201 S. Orlando Avenue	
		83 Suite 365	
		84 City Winter Park, FL	
		85 Zip Code FL 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: <i>Corinne I. Olvey</i> DATE: _____			
12. OFFICERS AND DIRECTORS			
1.1 TITLE <input checked="" type="checkbox"/> DELETE			
1.2 NAME HUBBELL, GERALD B.			
1.3 STREET ADDRESS 499 N INDIAN ROCKS RD			
1.4 CITY-ST-ZIP BELLEAIR BLUFFS FL			
2.1 TITLE <input checked="" type="checkbox"/> DELETE			
2.2 NAME FERM, KEVIN A			
2.3 STREET ADDRESS 499 N INDIAN ROCKS ROAD			
2.4 CITY-ST-ZIP BELLEAIR BLUFFS FL			
3.1 TITLE <input checked="" type="checkbox"/> DELETE			
3.2 NAME HUBBELL, GERALD C			
3.3 STREET ADDRESS 499 N. INDIAN ROCKS RD.			
3.4 CITY-ST-ZIP BELLEAIR BLUFFS FL			
4.1 TITLE <input checked="" type="checkbox"/> DELETE			
4.2 NAME FERM, KEVIN A			
4.3 STREET ADDRESS 499 N. INDIAN ROCKS ROAD			
4.4 CITY-ST-ZIP BELLEAIR BLUFFS FL			
5.1 TITLE <input checked="" type="checkbox"/> DELETE			
5.2 NAME FERM, MELINDA M			
5.3 STREET ADDRESS 499 N. INDIAN ROCKS RD			
5.4 CITY-ST-ZIP BELLEAIR BLUFFS FL			
6.1 TITLE <input checked="" type="checkbox"/> DELETE			
6.2 NAME HUBBELL, MELISSA R			
6.3 STREET ADDRESS 499 N. INDIAN ROCKS ROAD			
6.4 CITY-ST-ZIP BELLEAIR BLUFFS FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME P/AS			
1.3 STREET ADDRESS Keenan L. Knopke			
1.4 CITY-ST-ZIP 1201 S. Orlando Ave., # 365			
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME VP/AS/D			
2.3 STREET ADDRESS Brent F. Heffron			
2.4 CITY-ST-ZIP 1201 S. Orlando Ave # 365			
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME S			
3.3 STREET ADDRESS Corinne I. Olvey			
3.4 CITY-ST-ZIP 1201 S. Orlando Ave., # 365			
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME T			
4.3 STREET ADDRESS Frank L. Matasavage			
4.4 CITY-ST-ZIP 1201 S. Orlando Ave., # 365			
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME AS			
5.3 STREET ADDRESS Kenneth C. Budde			
5.4 CITY-ST-ZIP 110 Veterans Memorial Blvd.			
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME AS			
6.3 STREET ADDRESS Ronald H. Patron			
6.4 CITY-ST-ZIP 110 Veterans Memorial Blvd.			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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: <i>Corinne I. Olvey</i> DATE: 4/28/97 407/740-7000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

BAY AREA CREMATORY, 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:

D	William E. Rowe 110 Veterans Memorial Blvd. Metairie, LA 70005	ADDITION
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D	Joseph P. Henican, III. 110 Veterans Memorial Blvd. Metairie, LA 70005	ADDITION
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