

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90293 006 \*\*\*900.00

DOCUMENT # **H44739**

1. Corporation Name

**BAY AREA CREMATORY, INC.**

Principal Place of Business

**1201 S ORLANDO AVE  
STE 365  
WINTER PRK FL 32789  
US**

Mailing Address

**499 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 34640  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/27/1985**

4. FEI Number

**59-2496327**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **24** Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

**30**

9. Name and Address of Current Registered Agent

**KNOPKE, KEENAN L  
1201 S ORLANDO AVE  
STE 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**

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*  
Signature, typed or printed name of registered agent and title if applicable.

*Victor Alfano*  
(NOTE: Registered Agent signature required when reinstating)

*3/16/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PAS**  
STREET ADDRESS **KNOPKE, KEENAN L**  
CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PRK FL**

TITLE ☐ DELETE  
NAME **VPSD**  
STREET ADDRESS **HEFFRON, BRENT F**  
CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PRK FL**

TITLE ☒ DELETE  
NAME **S**  
STREET ADDRESS **OLVEY, CORINNE L**  
CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PRK FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **MATASAVAGE, FRANK L**  
CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PARK FL**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **BUDDE, KENNETH C**  
CITY-ST-ZIP **101 VETERANS MEMORIAL BLVD**  
**METAIRIE LA**

TITLE ☒ DELETE  
NAME **AS**  
STREET ADDRESS **PATRON, RONALD H**  
CITY-ST-ZIP **110 VETERANS MEMORIAL BLVD**  
**METAIRIE LA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **ROWE, WILLIAM E.**  
1.4 CITY-ST-ZIP **110 VETERANS MEMORIAL BLVD**  
**METAIRIE, LA 70005**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS **HENICAN, JOSEPH P. III**  
2.4 CITY-ST-ZIP **110 VETERANS MEMORIAL BLVD**  
**METAIRIE, LA 70005**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **AS**  
3.3 STREET ADDRESS **TRAHAN, LORALICE A.**  
3.4 CITY-ST-ZIP **110 VETERANS MEMORIAL BLVD**  
**METAIRIE, LA 70005**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D/VP/AS**  
4.3 STREET ADDRESS **HEFFRON, BRENT F.**  
4.4 CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PARK, FL 32789**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **T/S**  
5.3 STREET ADDRESS **MATASAVAGE, FRANK L.**  
5.4 CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PARK, FL 32789**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **P/AS**  
6.3 STREET ADDRESS **KNOPKE, KEENAN L.**  
6.4 CITY-ST-ZIP **1201 S ORLANDO AVE #365**  
**WINTER PARK, FL 32789**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF

**Brent F. Heffron**

April 14, 1999  
(407) 740-7000

CR2E034 (11/98)