

**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 # J40576 (7)**

1. Corporation Name  
**ROYAL PALM MEMORIAL GARDENS, 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**

3. Date Incorporated or Qualified: **10/30/1986**      3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2741049**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
City & State, Zip, Country

9. Name and Address of Current Registered Agent  
**KNOPKE, RAYMOND C  
1201 S ORLANDO AVE, STE 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		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>KNOPKE, KEENAN L</b>	
STREET ADDRESS	<b>11855 SW 117 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33188</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HENICAN, JOSEPH P III</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA 70005</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/>
NAME	<b>BAGGETT, WILLIAM</b>	
STREET ADDRESS	<b>3260 S.W. 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>ROWE, WILLIAM E</b>	
STREET ADDRESS	<b>110 VETERANS BLVD</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>SV</b>	<input type="checkbox"/>
NAME	<b>OLVEY, CORRINE I</b>	
STREET ADDRESS	<b>1201 S ORLANDO AVE #365</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/>
NAME	<b>BUDD, KENNETH C</b>	
STREET ADDRESS	<b>110 VETERAN AVE.</b>	
CITY-ST-ZIP	<b>METAIRIE LA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P/AS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Keenan L. Knopke</b>		
1.3 STREET ADDRESS	<b>1201 S. Orlando Ave., # 365</b>		
1.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>		
2.1 TITLE	<b>VP/AS/D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Brent F. Heffron</b>		
2.3 STREET ADDRESS	<b>1201 S. Orlando Ave., #365</b>		
2.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>		
3.1 TITLE	<b>T</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Frank L. Matasavage</b>		
3.3 STREET ADDRESS	<b>1201 S. Orlando Ave., # 365</b>		
3.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>William E. Rowe</b>		
4.3 STREET ADDRESS	<b>110 Veterans Memorial Blvd.</b>		
4.4 CITY-ST-ZIP	<b>Metairie, LA 70005</b>		
5.1 TITLE	<b>AS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Ronald H. Patron</b>		
5.3 STREET ADDRESS	<b>110 Veterans Memorial Blvd.</b>		
5.4 CITY-ST-ZIP	<b>Metairie, LA 70005</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Corinne I. Olvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Corinne I. Olvey**  
4/28/97 407/740-7000

CR2E034 (9/96)