

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2741049	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

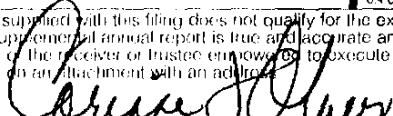
9. Name and Address of Current Registered Agent KNOPKE, KEENAN L 1201 S ORLANDO AVE, STE 365 WINTER PARK FL 32789		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607 (b)(2) 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 _____ Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/AS
NAME	KNOPKE, KEENAN L	1.2 NAME	Keenan L. Knopke
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D	2.1 TITLE	D/VP/AS
NAME	HENICAN, JOSEPH P III	2.2 NAME	Brent F. Heffron
STREET ADDRESS	110 VETERANS BLVD	2.3 STREET ADDRESS	1201 S. Orlando Ave., # 365
CITY-ST-ZIP	METairie LA 70005	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	T	3.1 TITLE	AS
NAME	MATASAVAGE, FRANK L	3.2 NAME	Ronald H. Patron
STREET ADDRESS	1201 S ORLANDA AVE #365	3.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	D	4.1 TITLE	
NAME	ROWE, WILLIAM E	4.2 NAME	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	4.4 CITY-ST-ZIP	
TITLE	SV	5.1 TITLE	
NAME	OLVEY, CORRINE I	5.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE #365	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	BUDDE, KENNETH C	6.2 NAME	
STREET ADDRESS	110 VETERAN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	6.4 CITY-ST-ZIP	

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 change.

SIGNATURE:  Corinne I. Olvey 4-22-98 407/740-7000

CR2E034 (10/97)