

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

DOCUMENT # **K11437** (6)  
1. Corporation Name  
**OAKLAWN PARK CEMETERY AND 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/06/1988</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
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 \_\_\_\_\_ (Signature typed or printed name of registered agent and then applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS	1.1 TITLE	D
NAME	KNOPE, KEENAN L	1.2 NAME	William E. Rowe
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PRK FL	1.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VPSD	2.1 TITLE	AS
NAME	HEFFRON, BRENT F	2.2 NAME	Ronald H. Patron
STREET ADDRESS	1201 S ORLANDO AVE #365	2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PRK FL	2.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	T	3.1 TITLE	
NAME	MATASAVAGE, FRANK L	3.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE #365	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	OLVEY, CORINNE I	4.2 NAME	
STREET ADDRESS	1201 S ORLANDO AVE, #365	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	BUDDE, KENNETH C	5.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	METairie LA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HENICAN, JOSEPH P III	6.2 NAME	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MATAIRE 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.

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

CR2E034 (10/97)