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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 # M95057 (9)
1. Corporation Name
MEMORIAL SUNSET PARK, INC.



Principal Place of Business: 14001 N.W. 178TH ST. MIAMI FL 33015
Mailing Address: 1201 S. ORLANDO AVE. SUITE 365 WINTER PARK FL 32789-7107

3. Date Incorporated or Qualified: 08/19/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 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

9. Name and Address of Current Registered Agent

KNOPKE, KEENAN L
11655 S.W. 117TH AVE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MARLOWE, BRIAN J	
STREET ADDRESS	8707 DEMOCRACY BLVD SUITE 950	
CITY - ST - ZIP	BETHESDA MD 20817	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	ROWE, WILLIAM E	
STREET ADDRESS	110 VETERANS BLVD.	
CITY - ST - ZIP	METAIRIE LA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CABALLERO, MARIANA	
STREET ADDRESS	11655 S.W. 117TH AVE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	14001 N.W. 178TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S. ORLANDO AVE., #365	
CITY - ST - ZIP	WINTER PARK FL 32789	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	2400 HARRELL RD	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gabriel Romanach	
1.3 STREET ADDRESS	11655 SW 117th Ave	
1.4 CITY - ST - ZIP	Miami, FL 33186	
2.1 TITLE	VP/AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brent F. Heffron	
2.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
2.4 CITY - ST - ZIP	Winter Park, FL 32789	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald H. Patron	
3.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
3.4 CITY - ST - ZIP	Metairie, LA 70005	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kenneth C. Budde	
4.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
4.4 CITY - ST - ZIP	Metairie, LA 70005	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph P. Henican III	
5.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
5.4 CITY - ST - ZIP	Metairie, LA 70005	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)