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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **M95057**

1. Corporation Name
MEMORIAL SUNSET PARK, INC.



Principal Place of Business
 11655 S.W. 117TH AVENUE
 MIAMI FL 33186

Mailing Address
 1201 S ORLANDO AVE
 STE 365
 WINTER PK FL 32789
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/19/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0103104	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
<input type="checkbox"/>				<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
<input type="checkbox"/>				<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROMANACH, GABRIEL 11655 S.W. 117TH AVE MIAMI FL 33186				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* **Victor Alfano** 3/16/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PAS	<input type="checkbox"/> DELETE	1.1 TITLE DVP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROMANACH, GABRIEL		1.2 NAME HEFFRON, BRENT F.	
STREET ADDRESS 11655 SW 117TH AVE		1.3 STREET ADDRESS 1201 S ORLANDO AVE #365	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROWE, W E		2.2 NAME TRAHAN, LORALICE A.	
STREET ADDRESS 110 VETERANS BLVD.		2.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP METAIRIE LA		2.4 CITY-ST-ZIP METAIRIE, LA 70005	
TITLE AS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PATRON, RONALD H		3.2 NAME HENICAN, JOSEPH P. III	
STREET ADDRESS 110 VETERANS MEMORIAL BLVD		3.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP METAIRIE LA		3.4 CITY-ST-ZIP METAIRIE, LA 70005	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE P/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUDE, KENNETH C		4.2 NAME ROMANACH, GABRIEL A.	
STREET ADDRESS 110 VETERANS MEMORIAL BLVD		4.3 STREET ADDRESS 8200 BIRD ROAD	
CITY-ST-ZIP METAIRIE LA		4.4 CITY-ST-ZIP MIAMI, FL 33155	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLVEY, C I		5.2 NAME MATASAVAGE, FRANK L.	
STREET ADDRESS 1201 S. ORLANDO AVE., #365		5.3 STREET ADDRESS 1201 S ORLANDO AVE #365	
CITY-ST-ZIP WINTER PARK FL 32789		5.4 CITY-ST-ZIP WINTER PARK, FL 32789	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATASAVAGE, FRANK L		6.2 NAME ROWE, WILLIAM E.	
STREET ADDRESS 2400 HARRELL RD		6.3 STREET ADDRESS 110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP METAIRIE, LA 70005	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent F. Heffron* **Brent F. Heffron** April 14, 1999
SIGNATURE ALREADY TYPED OR PRINTED (407) 740-7000

CR2E034 (11/98)