

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 # P96000013224 (6)
 1. Corporation Name
ORLANDO FUNERAL HOME, INCORPORATED



Principal Place of Business
1201 S. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789

Mailing Address
1201 S. 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 02/09/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3081547	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	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				10. Name and Address of New Registered Agent			
KNOPKE, KEENAN L 1201 S. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	PAS KNOPKE, KEENAN L	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	13 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	Winter Park, FL 32789
	S OLVEY, CORINNE I	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	21 TITLE	AS
CITY-ST-ZIP	WINTER PARK FL 32789	22 NAME	Kenneth C. Budde
	D HENICAN, JOSEPH P III	23 STREET ADDRESS	110 Veterans Memorial Blvd.
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	2 4 CITY-ST-ZIP	Metairie, LA 70005
CITY-ST-ZIP	WINTER PARK FL 32789	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D ROWE, WILLIAM E	3 2 NAME	
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	3 3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3 4 CITY-ST-ZIP	
	VPSD HEFFRON, BRENT F	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1201 S ORLANDO AVE #365	4 2 NAME	
CITY-ST-ZIP	WINTER PARK FL 32789	4 3 STREET ADDRESS	
	AS PATRON, RONALD H	4 4 CITY-ST-ZIP	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	METAIRIE LA 70005	5 2 NAME	
		5 3 STREET ADDRESS	
		5 4 CITY-ST-ZIP	
		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 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)