

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90293 011 ***900.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013224

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1996

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number
59-3081547

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

KNOPKE, KEENAN L
 1201 S. ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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** DATE: **3/16/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PAS	<input type="checkbox"/>
NAME	KNOPKE, KEENAN L	
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input checked="" type="checkbox"/>
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/>
NAME	HENICAN, JOSEPH P III	
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/>
NAME	ROWE, WILLIAM E	
STREET ADDRESS	1201 S. ORLANDO AVENUE, SUITE 365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPSD	<input type="checkbox"/>
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	AS	<input checked="" type="checkbox"/>
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	
CITY-ST-ZIP	METAIRIE LA 70005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	TRAHAN, LORALICE A.		
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
1.4 CITY-ST-ZIP	METAIRIE, LA 70005		
2.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	BUDE, KENNETH C.		
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
2.4 CITY-ST-ZIP	METAIRIE, LA 70005		
3.1 TITLE	T/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MATASAVAGE, FRANK L.		
3.3 STREET ADDRESS	1201 S ORLANDO AVE #365		
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	HENICAN, JOSEPH P. III		
4.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
4.4 CITY-ST-ZIP	METAIRIE, LA 70005		
5.1 TITLE	D/VP/AS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	HEFFRON, BRENT F.		
5.3 STREET ADDRESS	1201 S ORLANDO AVE #365		
5.4 CITY-ST-ZIP	WINTER PARK..FL 32789		
6.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	ROWE, WILLIAM E.		
6.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
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*
 SIGNATURE AREA OR PRINTED NAME OF

Brent F. Heffron

April 14, 1999
 (407) 740-7000

CR2E034 (1/98)