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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 018303

(8)

SYLVAN ABBEY MEMORIAL PARK, INC.

FILED May 06 1997 8:00am Secretary of State



mnoipai Piac	e of Business	Mailing Address						
POST OFFICE DRAWER B CLEARWATER FL 34618			POST OFFICE DRAWER B CLEARWATER FL 34618-4080					
					3. Date Incorporated or Qualified 10/07/1948	3a. Date of 05/01/19		port
Principal P	lace of Business	2a, Mailing Address			4. FEI Number			lied For
ī		26			59-0600575		Not	Applicabl
Suite, Apt	#. etc.	Suite, Apt. #, etc.	······································			□ \$8	3.75 A	dditional
}		27			5. Certificate of Status Desired		Fee Rec	pulred
City & State	Ĉ	City & State			5. Election Campaign Financing	S	5.00 A	utav Ba
		28			Trust Fund Contribution		Added to	
Д _. р	Country	Zip	Country	y	8. This corporation has liability for	intangible tax u	nder s.	199.032,
	25	29	30		1 - '	∐Yes □ No		
_	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New R	egistered Agen	t	
KNC	OPKE, RAYMOND C JR.		81	Name				
	1 SOUTH ORLANDO AVENU	Æ	82	Ctroot An	(deans (R.O. Roy Number in Not Assente	hla\		
	TE 365	· =	52 Sireet Aut		idress (P.O. Box Number is Not Accepta	uid)		
	ITER PARK FL 32789		83	-		 		
*****	TELL LANGE OF OF		Ļ,	<u> </u>			·	
			84	City		FL 85	Zip C	ode
f. C. soupert	to the even in large of Continon 500	7 0500 and 607 1500 Florido Stat	too the obs	o nomed or	orporation submits this statement for the ration's board of directors. I hereby acce		noing its	rogiotor
GNATURE.	Signature: typed or printed name of register	red agent and little if applicable. (NC	OTE: Registered Ac		quired when reinstating)	DATE		
ignature.	Signature: typed or printed name of register	red agent and little if applicable. (NC	OTE: Registered Ac		quired when reinstating)	DATE		
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representation indicated or 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.

Corinne I. Olvey 4/28/97 407/740-7000 me Phone /