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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 018303 (8)

1. Corporation Name
SYLVAN ABBEY MEMORIAL PARK, INC.

Principal Place of Business
POST OFFICE DRAWER B
CLEARWATER FL 34618

Mailing Address
POST OFFICE DRAWER B
CLEARWATER FL 34618-4080



3. Date Incorporated or Qualified 10/07/1948
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0600575	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

KNOPKE, RAYMOND C JR.
1201 SOUTH ORLANDO AVENUE
SUITE 365
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KNOPKE, RAYMOND C JR 1201 S. ORLANDO AVE. STE 365 WINTER PARK FL 32789 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/AS Keenan L. Knopke 1201 S. Orlando Ave., # 365 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD ROWE, WILLIAM E 110 VETERANS BLVD METAIRIE LA <input type="checkbox"/> DELETE	1.2 NAME	VP/AS/D Brent F. Heffron 1201 S. Orlando Ave., # 365 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	V BUTLER, JEFFREY E 2880 SUNSET POINT RD. CLEARWATER FL 34619 <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	AS Ronald H. Patron 110 Veterans Memorial Blvd. Metairie, LA 70005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	VT MATASAVAGE, FRANK L 2400 HARRELL ROAD CLEARWATER FL <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	AS Kenneth C. Budde 110 Veterans Memorial Blvd. Metairie, LA 70005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VS OLVEY, CORINNE I 1201 S. ORLANDO AVE., SUITE 365 WINTER PARK FL <input type="checkbox"/> DELETE	2.1 TITLE	D Joseph P. Henican III 110 Veterans Memorial Blvd. Metairie, LA 70005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V BROWN, SCARLETT A 737 MAIN ST. SAFETY HARBOR FL 34895 <input checked="" type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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
my Phone #

CR2E034 (9/96)