

**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 # 006018 (6)**  
 1. Corporation Name  
**WOODLAWN PARK CEMETERY COMPANY**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
 2a. Mailing Address: 26 1201 S. Orlando Ave Suite, Apt. #, etc. 27 Suite 365 City & State 28 Winter Park FL Zip 29 32789 Country 30 USA

3. Date Incorporated or Qualified: 03/08/1913  
 4. FEI Number: 59-0516280 Applied For: Not Applicable  
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: ROMANACH, GABRIEL 11655 SW 117TH AVE. MIAMI FL 33186  
 10. Name and Address of New Registered Agent: B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATASAVAGE, FRANK L.		1.2 NAME	Frank L. Matasavage	
STREET ADDRESS	1201 S ORLANDO AVE #365		1.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	PAS	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANACH, GABRIEL		2.2 NAME	William E. Rowe	
STREET ADDRESS	11655 SW 117TH AVE.		2.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	VASD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFRON, BRENT F		3.2 NAME	Joseph P. Henican, III	
STREET ADDRESS	1201 S ORLANDO AVE #365		3.3 STREET ADDRESS	110 Veterans Memorial Blvd.	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	Metairie, LA 70005	
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRON, RONALD H		4.2 NAME		
STREET ADDRESS	110 VETERANS BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUJDE, KENNETH C		5.2 NAME		
STREET ADDRESS	110 VETERANS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLVEY, CORINNE I		6.2 NAME		
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 365		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		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 in an attachment with an address.

SIGNATURE: *Corinne I. Olvey* Corinne I. Olvey 4-22-98 407/740-7000

CRE034 (10/97)