

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

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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: B4 State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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

CRE034 (10/97)