

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
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DOCUMENT # 018300 (4)

1. Corporation Name
WOODLAWN MEMORY GARDENS, INC.



Principal Place of Business 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789	Mailing Address 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/09/1948
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 62-1506528
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KNOPKE, KEENAN L 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 1998	
TITLE	PAS	1.1 TITLE	D
NAME	KNOPKE, KEENAN L	1.2 NAME	Joseph P. Henican, III.
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VPSD	2.1 TITLE	AS
NAME	HEFFRON, BRENT F	2.2 NAME	Ronald H. Patron
STREET ADDRESS	1201 S ORLANDO AVE #365	2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	D	3.1 TITLE	
NAME	ROWE, WILLIAM E	3.2 NAME	
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	BUDDE, KENNETH C	4.2 NAME	
STREET ADDRESS	110 VETERANS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	
TITLE	VPT	5.1 TITLE	T
NAME	MATASAVAGE, FRANK L	5.2 NAME	Frank L. Matasavage
STREET ADDRESS	2400 HARRELL ROAD	5.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	ORLANDO FL 32817	5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VS	6.1 TITLE	S
NAME	OLVEY, CORINNE L	6.2 NAME	Corinne I. Olvey
STREET ADDRESS	1201 S ORLANDO AVE, #365	6.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	Winter Park, FL 32789

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** 4-22-98 407/740-7000

CR2E034 (10/97)