

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 # 018303 (8)

1. Corporation Name
SYLVAN ABBEY MEMORIAL PARK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1201 S. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789	Mailing Address 1201 S. ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789
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3. Date Incorporated or Qualified 10/07/1948	Applied For Not Applicable
4. FEI Number 59-0600575	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/AS
NAME	KNOPKE, KEENAN L	1.2 NAME	Keenan L. Knopke
STREET ADDRESS	1201 S. ORLANDO AVE. STE 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	VD	2.1 TITLE	D
NAME	ROWE, WILLIAM E	2.2 NAME	William E. Rowe
STREET ADDRESS	110 VETERANS BLVD	2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	METAIRIE LA	2.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	AS	3.1 TITLE	AS
NAME	PATRON, RONALD H	3.2 NAME	Kenneth C. Budde
STREET ADDRESS	110 VETERANS MEMORIAL BLVD	3.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	Metairie, LA 70005
TITLE	VT	4.1 TITLE	T
NAME	MATASAVAGE, FRANK L	4.2 NAME	Frank L. Matasavage
STREET ADDRESS	2400 HARRELL ROAD	4.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VS	5.1 TITLE	S
NAME	OLVEY, CORINNE I	5.2 NAME	Corinne I. Olvey
STREET ADDRESS	1201 S. ORLANDO AVE., SUITE 365	5.3 STREET ADDRESS	1201 S. Orlando Ave., Ste. 365
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	VPSD	6.1 TITLE	D
NAME	HEFFRON, BRENT F	6.2 NAME	Joseph P. Henican, III.
STREET ADDRESS	1201 S ORLANDO AVE #365	6.3 STREET ADDRESS	110 Veterans Memorial Blvd.
CITY-ST-ZIP	METAIRIE LA	6.4 CITY-ST-ZIP	Metairie, LA 70005

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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 as an attachment with a name.

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

CR2E034 (10/97)