

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 # 018214 (7)

1. Corporation Name
GARDEN OF MEMORIES, 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 10/14/1937
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0259432
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KNOPKE, KEANAN 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	85. Zip Code
				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PAS	<input type="checkbox"/> DELETE
NAME	KNOPKE, KEANAN L	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F	
STREET ADDRESS	1201 S ORLANDO AVE #365	
CITY-ST-ZIP	WINTER PRK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I	
STREET ADDRESS	1201 S ORLANDO AVE, #365	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PATRON, RONALD H	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METairie LA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUDDE, KENNETH C	
STREET ADDRESS	110 VETERANS BLVD	
CITY-ST-ZIP	METairie LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D William E. Rowe
1.3 STREET ADDRESS	110 Veterans Memorial Blvd.
1.4 CITY-ST-ZIP	Metairie, LA 70005
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Joseph P. Henican, III.
2.3 STREET ADDRESS	110 Veterans Memorial Blvd.
2.4 CITY-ST-ZIP	Metairie, LA 70005
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Mark Curry, Jr.
3.3 STREET ADDRESS	4207 E. Lake Ave.
3.4 CITY-ST-ZIP	Tampa, FL 33610
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CR2E034 (10/97)