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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 018300

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1948

4. FEI Number **62-1506528** Applied For
 Yes 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 **CT CORPORATION SYSTEM**
 82 Street Address **1200 PINE ISLAND ROAD**
 83
 84 City **PLANTATION, FL 33324**

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 *Victor Alfano*
Signature, typed or printed name of registered agent and title if applicable.

Victor Alfano
(NOTE: Registered Agent signature required when reinstating)

3/16/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PAS KNOPKE, KEENAN L**
 STREET ADDRESS **1201 S ORLANDO AVE #365**
 CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE Change Addition
 1.2 NAME **D HENICAN, JOSEPH P. III**
 1.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**
 1.4 CITY-ST-ZIP **METAIRIE, LA 70005**

TITLE DELETE
 NAME **VPSD HEFFRON, BRENT F**
 STREET ADDRESS **1201 S ORLANDO AVE #365**
 CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE Change Addition
 2.2 NAME **AS TRAHAN, LORALICE A.**
 2.3 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**
 2.4 CITY-ST-ZIP **METAIRIE, LA 70005**

TITLE DELETE
 NAME **D ROWE, WILLIAM E**
 STREET ADDRESS **110 VETERANS MEMORIAL BLVD**
 CITY-ST-ZIP **METAIRIE LA**

3.1 TITLE Change Addition
 3.2 NAME **T/S MATASAVAGE, FRANK L.**
 3.3 STREET ADDRESS **1201 S ORLANDO AVE #365**
 3.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE DELETE
 NAME **AS BUDDE, KENNETH C**
 STREET ADDRESS **110 VETERANS BLVD**
 CITY-ST-ZIP **METAIRIE LA**

4.1 TITLE Change Addition
 4.2 NAME **D/VP/AS HEFFRON, BRENT F.**
 4.3 STREET ADDRESS **1201 S ORLANDO AVE #365**
 4.4 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE DELETE
 NAME **T MATASAVGE, FRANK L**
 STREET ADDRESS **1201 S ORLANDO AVE, #365**
 CITY-ST-ZIP **WINTER PARK FL 32789**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **S OLVEY, CORINNE I**
 STREET ADDRESS **1201 S ORLANDO AVE, #365**
 CITY-ST-ZIP **WINTER PARK FL 32789**

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brent F. Heffron
SIGNATURE TYPED OR PRINTED NAME

Brent F. Heffron

April 14, 1999
 (407) 740-7000

CR2E034 (11/98)