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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 006018

1. Corporation Name
WOODLAWN PARK CEMETERY COMPANY



Principal Place of Business 11655 S.W. 117TH AVENUE MIAMI FL 33186	Mailing Address 1201 S. ORLANDO AVE SUITE 365 WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/08/1913	
4. FEI Number 59-0516280	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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* **Victor Alfano** DATE **3/16/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	MATASAVAGE, FRANK L.
STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	PAS <input type="checkbox"/> DELETE
NAME	ROMANACH, GABRIEL
STREET ADDRESS	11655 SW 117TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VASD <input type="checkbox"/> DELETE
NAME	HEFFRON, BRENT F
STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	WINTER PARK FL
TITLE	AS <input checked="" 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
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	OLVEY, CORINNE I
STREET ADDRESS	1201 S, ORLANDO AVE., SUITE 365
CITY-ST-ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROWE, WILLIAM E.
1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
1.4 CITY-ST-ZIP	METAIRIE, LA 70005
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HENICAN, JOSEPH P. III
2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
2.4 CITY-ST-ZIP	METAIRIE, LA 70005
3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TRAHAN, LORALICE A.
3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
3.4 CITY-ST-ZIP	METAIRIE, LA 70005
4.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATASAVAGE, FRANK L.
4.3 STREET ADDRESS	1201 S ORLANDO AVE #365
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
5.1 TITLE	P/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROMANACH, GABRIEL A.
5.3 STREET ADDRESS	8200 BIRD ROAD
5.4 CITY-ST-ZIP	MIAMI, FL 33155
6.1 TITLE	D/NP/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HEFFRON, BRENT F.
6.3 STREET ADDRESS	1201 S ORLANDO AVE #365
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brent F. Heffron* **Brent F. Heffron** DATE **April 14, 1999** DAYTIME PHONE # **407-740-7000**

Signature, typed or printed name of signing officer or director

CR2E034 (11/98)