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May 06, 1999 8:00 am
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 # 018214

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	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent	
KNOPKE, KEENAN L 1201 SOUTH ORLANDO AVENUE SUITE 365 WINTER PARK FL 32789				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** **3/16/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOPKE, KEENAN L	1.2 NAME	ROWE, WILLIAM E.
STREET ADDRESS	1201 S ORLANDO AVE #365	1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PRK FL	1.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATASAVAGE, FRANK L	2.2 NAME	HENICAN, JOSEPH P. III
STREET ADDRESS	1201 S ORLANDO AVE #365	2.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PRK FL	2.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFRON, BRENT F	3.2 NAME	TRAHAN, LORALICE A.
STREET ADDRESS	1201 S ORLANDO AVE #365	3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD
CITY-ST-ZIP	WINTER PRK FL	3.4 CITY-ST-ZIP	METAIRIE, LA 70005
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLVEY, CORINNE I	4.2 NAME	CURRY, MARK JR.
STREET ADDRESS	1201 S ORLANDO AVE, #365	4.3 STREET ADDRESS	4207 EAST LAKE AVENUE
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRON, RONALD H	5.2 NAME	MATASAVAGE, FRANK L.
STREET ADDRESS	110 VETERANS BLVD	5.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	METAIRIE LA	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	D/V/P/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDE, KENNETH C	6.2 NAME	HEFFRON, BRENT F.
STREET ADDRESS	110 VETERANS BLVD	6.3 STREET ADDRESS	1201 S ORLANDO AVE #365
CITY-ST-ZIP	METAIRIE LA	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** April 14, 1999 (407) 740-7000
SIGNATURE (TYPE OR PRINT)

CR2E034 (1/98)