

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 260975 (8)

1. Corporation Name
HILLSBORO MEMORIAL GARDENS, INC.



Principal Place of Business: 9102 N. MERIDIAN ST. #300 INDIANAPOLIS IN 46260 US
Mailing Address: 9102 N MERIDIAN ST. #300 INDIANAPOLIS IN 46260 US

3. Date Incorporated or Qualified: 07/17/1962
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business: 21 2323 W. BRANDON BLVD. Suite, Apt. #, etc.
22 City & State: 23 BRANDON FL
24 Zip: 33511 Country: USA
25
2a. Mailing Address: 26 1929 ALLEN PARKWAY Suite, Apt. #, etc.
27 9TH FLOOR DEPT 2934
28 City & State: HOSUTON TEXAS
29 Zip: 77019 Country: USA
30

4. FEI Number: 59-0979169 Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DANIELS, KEVIN
2323 W BRANDON BLVD
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name: THE PRENTICE HALL CORP SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83 SUITE 105
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0542 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 and I, as a familiar with, and a representative of, Section 607.0545, Florida Statutes, accept the appointment as registered agent. I am
Debra L. Vincent, Assistant Secretary

SIGNATURE: *Debra L. Vincent* DATE: 2/14/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRAMMER, TIMOTHY F.	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRAMMER, JAY A.	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHOGER, NEAL G.	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. DANIEL GARRISON	
1.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
1.4 CITY - ST - ZIP	HOUSTON TEXAS 77019	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK BANGO	
2.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
2.4 CITY - ST - ZIP	HOUSTON TEXAS 77019	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EARNEST E. POYNTER	
3.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
3.4 CITY - ST - ZIP	HOUSTON, TEXAS 77019	
4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN B. GOFF	
4.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
4.4 CITY - ST - ZIP	HOUSTON, TEXAS 77109	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joan B. Goff* JOAN B. GOFF 2/15/96 (713) 525-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)