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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F28063** **(8)**

1. Corporation Name
PALMS MEMORIAL FUNERAL CENTER, INC.

Principal Place of Business	Mailing Address
9013 SW 78 PLACE MIAMI FL 33156 US	P.O. BOX 560962 27100 OLD DIXIE HIGHWAY MIAMI FL 33256 US

3. Date Incorporated or Qualified: 04/02/1981
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 560008
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 M
City & State 23	City & State 28 MIAMI FL
Zip 24 / Country 25	Zip 29 33256 / Country 30 USA

4. FEI Number: 59-2079770 ☐ 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

COLEMAN, PHILLIP LLOYD
27100 OLD DIXIE HWY
NARANJA FL

10. Name and Address of New Registered Agent

81 Name: PHILLIP LLOYD COLEMAN
82 Street Address (P.O. Box Number is Not Acceptable): 9013 SW 78 PL
83
84 City: MIAMI FL 85 Zip Code: 33156

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] PHILLIP LLOYD COLEMAN DATE: 4/28/96
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD COLEMAN, PHILLIP L 27100 OLD DIXIE HWY NARANJA FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 9013 SW 78 PL MIAMI FL 33256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COLEMAN, JOHN M 27100 OLD DIXIE HWY NARANJA FL ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COLEMAN, SUSANNE T 27100 OLD DIXIE HWY NARANJA FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 9013 SW 78 PL MIAMI FL 33256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLEMAN, HARRY C 27100 OLD DIXIE HWY NARANJA FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 9013 SW 78 PL MIAMI FL 33256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: PHILIP LLOYD COLEMAN Pres [signature] 4/28/96 305 881 4469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #