## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F28063

(8)

PALMS MEMORIAL FUNERAL CENTER, INC.

Principal Place of Business Mailing Address									T TO STATE THE STATE STA				
9013 SW 78 PLACE MIAMI FL 33156 US			PO BO 561008 27100 OLD DIXIE HIGHWAY MIAMI FL 33256-1008										
			U\$ 					3. Date Incorporated or Qualified 04/02/1981 3a. Date of Last Report 05/01/1996					
2. Principal Place of Business			2a. Mailing Address					4.	FEI Number		F	Applied For	
21	# -A-	26	C de Aut H -t-					<u> </u>	59-2079770			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt, #, etc. 27					5.	Certificate of Status Desired			Additional Required	
City & State			City & State					6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country			Zip Cou			untry		8,	This corporation has liability for			s. 199.032,	
24				30				Florida Statutes Yes No					
	9. Name and Address of Curre	ent Regisi	ered Agent		81	1	Name	10.	Name and Address of New Re	gisterec	Agent		
COLEMAN, PHILLIP LLOYD 9013 SW 78 PL													
	a sw 78 pl Vanja fl				82	2 Street Addr		ss (F	P.O. Box Number is Not Acceptat	ole)			
					83								
					84	'	City			FI	<b>85</b> Zir	Code	
11. Pursuant i office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	602 and 60 te of Floric gations of	07.1508, Florida Stati la. Such change was , Section 607.0505, F	utes, t s autho lorida	he abov orized b a Statute	e-r y th s.	named corpo he corporatio	ratio n's t	n submits this statement for the popular of directors. I hereby acceptions are the popular of directors and the popular of the	ourpose of the ap	of changing pointment a	its registered is registered	
SIGNATURE	Signature, typed or printed name of registered a		d ago watch	5 )	- House As		signature required	1	re minima)	DATE	<del></del>		
12.	OFFICERS A			211 - 1101	13.	(-116 :	agnature required	_	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	RS IN 12	
TITLE	PSTD		DELETE		1.1 1111.6	-					☐ Change		
NAME	COLEMAN, PHILLIP L				1.2 NAME								
STREET ADDRESS	9013 SW 78 PL			ľ	1.3 STREE	[A]	DRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CRY-ST-7IP			7IP							
TITLE	PD DELETE				2.1 TITLE						☐ Change	Addition	
NAME	COLEMAN, SUSANNE T		2.3			2.2 NAME							
STREET ADDRESS	9013 SW 78 PL			ı	2.3 STREE	(JA	ODRESS						
CITY-ST-ZIP	MIAMI FL				2 4 CITY -	\$1-	ZIP						
TITLE	SD COLEMAN MADDY C		DELETE	•	3 1 TITLE						L Change	Addition	
NAME	COLEMAN, HARRY C				3.2 NAME								
STREET ADDRESS	9013 SW 78 PL MIAMI FL				33 STREET								
CITY-ST-ZIP TITLE	MINNI FL		DELETE		3.4. CITY - 4.1 THLE	ST-	7IP				Change	Addition	
NAME			F Driving	J	4.2 NAME						LU GHANGE	L_1 MODIOSII	
				1	4.2 NAME		ntunces.						
STREET ADDRESS	l			ŀ									
CITY-ST-ZIP TITLE			DELETE		4.4 CITY-S 5.1 TITLE	21.4	£ II				Change	☐ Addition	
NAME					52 NAME								
STREET ADDRESS				1	5.3 STREET	ΑD	IDRESS						
CITY-ST-ZIP	1			ļ	5.4 CITY-1								
TITLE			DELETE		6.1 NTLF		:: <del> </del> -	-			☐ Change	☐ Addition	
NAME				1	6.2 NAME						•		
STREET ADDRESS					6.3 STREET	ΑĐ	ODRESS						
ATT 07 TID				Ĭ	6.4.000		715						

14. I do 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 enough 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 of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the recei

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**FILED** 

Apr 29 1997 8:00am

Secretary of State

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