

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90052 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L07955 8000

1. Corporation Name
GIBRALTAR MAUSOLEUM OF FLORIDA, INC.

Principal Place of Business 2323 W BRANDON BLVD. BRANDON FL 33511 US	Mailing Address 1929 ALLEN PKWY DEPT 2934 HOUSTON TX 77019 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
Country 29	Zip 30

3. Date Incorporated or Qualified 08/08/1989	
4. FEI Number 59-1276229	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP SYSTEM
 1201 HAYS ST
 STE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANK BANGO	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TIMOTHY J. CLAIBORNE	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUZANNE DINEFF	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GOFF, JOAN B	
STREET ADDRESS	1929 ALLEN PKWY	
CITY-ST-ZIP	HOSUTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONKLIN, KENNTH W	
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LISA M. NEWBURN	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	
CITY-ST-ZIP	HOUSTON FL 77019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	JOHN H. LOHMAN, JR
4.4 CITY-ST-ZIP	1929 ALLEN PARKWAY
	HOUSTON TX 77019
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 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: JOHN H. LOHMAN, JR. DATE: 7/3/522-5141
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)