

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M65301 (7)**

1. Corporation Name
DORSEY FUNERAL HOME, INC.



Principal Place of Business: **3525 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461**
Mailing Address: **1929 ALLEN PARKWAY HOUSTON TX 77019**

3. Date Incorporated or Qualified: **01/21/1988**
3a. Date of Last Report: **06/07/1995**
4. FEI Number: **59-2869529**
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

2. Principal Place of Business
21 **1929 Allen Parkway**
Suite, Apt. #, etc.
22 **9th Floor Dept 2934**
City & State
23 **Houston Texas**
Zip Country
24 **77019 USA**
2a. Mailing Address
26 **1929 Allen Parkway**
Suite, Apt. #, etc.
27 **9th Floor Dept 2934**
City & State
28 **Houston Texas**
Zip Country
29 **77019 USA**
30 **USA**

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0602 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARRISON, J. DANIEL	
STREET ADDRESS	4500 HUGH HOWELL ROAD #740	
CITY - ST - ZIP	TUCKER GA 30084	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BANGO, FRANK	
STREET ADDRESS	8350 N.W. 52ND TERRACE #200	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POYNTER, EARNEST E	
STREET ADDRESS	4500 HUGH HOWELL ROAD, #740	
CITY - ST - ZIP	TUCKER GA 33084	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOFF, JOAN B	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY - ST - ZIP	HOUSTON TX 77019	
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	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
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	

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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 to an address.

SIGNATURE: *Joan B. Goff* **Joan B. Goff** 2/14/96 (713) 525-5571
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)
JBM 3-18-1996