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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # M65301 (7)
 1. Corporation Name
DORSEY FUNERAL HOME, INC.



Principal Place of Business Mailing Address
1929 ALLEN PARKWAY AVENUE **1929 ALLEN PARKWAY AVENUE**
9TH FLOOR DEPT 2934 **9TH FLOOR DEPT 2934**
HOUSTON TX 77019 **HOUSTON TX 77019**

3. Date Incorporated or Qualified **01/21/1988** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business 2b. Mailing Address
 21 **3525 South Congress Avenue** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 **Lake Worth, FL** 27
 City & State City & State
 24 **33461** 25 Country 29 **33461** 30 Country

4. FEI Number **59-2869529** 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
THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET, SUITE 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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRISON, J. DANIEL	1.2 NAME	Timothy J. Claiborne
STREET ADDRESS	4500 HUGH HOWELL ROAD #740	1.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway
CITY-ST-ZIP	TUCKER GA 30084	1.4 CITY-ST-ZIP	Houston, Texas 77019
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGO, FRANK	2.2 NAME	
STREET ADDRESS	8350 N.W. 52ND TERRACE #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POYNTER, EARNEST E	3.2 NAME	Richard A. Chesler
STREET ADDRESS	4500 HUGH HOWELL ROAD, #740	3.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway
CITY-ST-ZIP	TUCKER GA 33084	3.4 CITY-ST-ZIP	Houston, Texas 77019
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JOAN B	4.2 NAME	
STREET ADDRESS	1929 ALLEN PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Kenneth W. Conklin
STREET ADDRESS		5.3 STREET ADDRESS	DEpt 2934 9th Floor 1929 Allen Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Houston, Texas 77019
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mary Jane Frazier
STREET ADDRESS		6.3 STREET ADDRESS	DEpt 2934 9th Floor 1929 Allen Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston, Texas 77019

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 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: _____ **Signature Required** **Goff** **1/9/97** **(713) 525-5571**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0626120

CR2E034 (9/96)