

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27177 (5)**

1. Corporation Name

NEPTUNE SOCIETY MANAGEMENT, INC.



Principal Place of Business	Mailing Address
930 WEST ALAMEDA AVENUE BURBANK CA 91506 1721 W. Magnolia Blvd. Burbank, CA 91506	930 WEST ALAMEDA AVENUE BURBANK CA 91506 1721 W. Magnolia Blvd. Burbank, CA 91506

3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 05/01/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number 77-0154551	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, DAVID W.
2181 INDIAN ROCKS ROAD
LARGO FL 34644**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, EMANUEL	
STREET ADDRESS	930 W. ALAMEDA AVE.	
CITY - ST - ZIP	BURBANK CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STARK, LINDA	
STREET ADDRESS	80 MAIN ST	
CITY - ST - ZIP	W ORANGE NJ	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BELL-WEINTRAUB, JACQUELI	
STREET ADDRESS	930 W. ALAMEDA AVE.	
CITY - ST - ZIP	BURBANK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	Vice - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jill Schulman
4.3 STREET ADDRESS	1721 W. Magnolia Blvd.
4.4 CITY - ST - ZIP	Burbank, CA 91506
5.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hara Ahrens
5.3 STREET ADDRESS	401 W. Prospect Road
5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33309
6.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Patricia Barnes
6.3 STREET ADDRESS	1721 W. Magnolia Blvd.
6.4 CITY - ST - ZIP	Burbank, CA 91506

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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4/24/96

818 945 2415

CR2E034 (12/95)