


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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27177 (5)

1. Corporation Name
NEPTUNE SOCIETY MANAGEMENT, INC.



Principal Place of Business		Mailing Address	
1721 W MAGNOLIA BLVD BURBANK CA 91506 US 531 E. Oakland Park Blvd. Oakland Park, FL 33334		1721 W MAGNOLIA BLVD BURBANK CA 91506-1839 US	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	77-0154551	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25		
	29	30	

3. Date Incorporated or Qualified	3a. Date of Last Report
12/06/1989	05/01/1996

9. Name and Address of Current Registered Agent

ANDERSON, DAVID W.
2181 INDIAN ROCKS ROAD
LARGO FL 34844

10. Name and Address of New Registered Agent

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

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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, EMANUEL	
STREET ADDRESS	1721 W MAGNOLIA BLVD	
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	V	<input type="checkbox"/> DELETE
NAME	SCHULMAN, JILL	
STREET ADDRESS	1721 W MAGNOLIA BLVD	
CITY - ST - ZIP	BURBANK CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AHRENS, HARA	
STREET ADDRESS	1721 W MAGNOLIA BLVD	
CITY - ST - ZIP	BURBANK CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNE, S PATRICIA	
STREET ADDRESS	1721 W MAGNOLIA BLVD	
CITY - ST - ZIP	BURBANK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1721 W. Magnolia Blvd.
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	
4.3 STREET ADDRESS	531 E. Oakland Park Blvd.
4.4 CITY - ST - ZIP	Oakland Park, FL 33334
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 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: _____ DATE: **5/2/97** DAYTIME PHONE #: _____

CR2E034 (9/96)