

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

FILED

**May 20 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 # P37832 (3)
 1. Corporation Name
PRIME SUCCESSION OF FLORIDA, INC.



Principal Place of Business 691 TEKULVE AVE. BATESVILLE IN 47006	Mailing Address 691 TEKULVE AVE. BATESVILLE IN 47006-6982
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3. Date Incorporated or Qualified 03/10/1992	3a. Date of Last Report 06/17/1996
4. FEI Number 35-1861112	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, THOMAS H.	
STREET ADDRESS	691 TEKULVE AVE.	
CITY-ST-ZIP	BATESVILLE IN	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	GAARSOE, BERNARD L.	
STREET ADDRESS	691 TEKULVE AVE.	
CITY-ST-ZIP	BATESVILLE IN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HORN, ROBERT G.	
STREET ADDRESS	691 TEKULVE AVE.	
CITY-ST-ZIP	BATESVILLE IN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CUTTER, WILLIAM B.	
STREET ADDRESS	691 TEKULE	
CITY-ST-ZIP	BATESVILLE IN	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HEEN, JOHN H.	
STREET ADDRESS	691 TEKULE	
CITY-ST-ZIP	BATESVILLE IN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TIDWELL, STEVEN A	
STREET ADDRESS	691 TEKULVE AVE	
CITY-ST-ZIP	BATESVILLE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY WRIGHT	
1.3 STREET ADDRESS	3940 OLYMPIC BLVD, SUITE 300	
1.4 CITY-ST-ZIP	ERLANGER, KY 41018	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MYLES CAIRNS	
2.3 STREET ADDRESS	3940 OLYMPIC BLVD, SUITE 300	
2.4 CITY-ST-ZIP	ERLANGER, KY 41018	
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 does not qualify for the exemption stated in Section 119.07(5)(b), 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 _____

CR2E034 (9/96)