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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000016638 (4)

| SIGNATURE CASKETS, INC. Principal Place of Business Mailing Address 1510 S.W. 17TH STREET OCALA FL 34474 OCALA FL 34474 | | | | aa oo ah | | | | | |
|--|--|--------------------------------|------------------------|--|---|---|---------------|-----------------------|-------------|
| | | | | | | 3, Date Incorporated or Qualified 02/21/1996 | 3a. C | ate of Last F | leport |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number Applied Fc | | | · | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | | 59-3363376 Not Applicate \$8.75 Additional | | | ot Applicable | |
| 22] Suite, Apr. | #, 8tC. | 27 | | | 5, Certificate of Status Desired | | 7 | Additional equired | |
| City & Stel | 90 | City 8 State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be | | |
| Zip | Country | Zφ | Count | ry | | 8. This corporation has liability for | intangible | e tax under s | 3. 199.032, |
| 24 | 25 | 29 | 30 | | | | Yes | | |
| | g. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Ro | gistered | Agent | |
| CALIENDO, DANIELDO J SR. | | | | | me | | | • | |
| 1510 S.W. 17TH STREET OCALA FL 34474 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 00 | ALA I E OTTI T | | 8 | 3 | | | | | |
| | | | 8 | | • | | | 1.51 7. | O. d. |
| | | | | | | | FL | _ [| Code |
| SIGNATURE | Signature, typed or printed name of registered ago | is and tele if applicable (NOT | E. Registered A | | | oration submits this statement for the jon's board of directors. Thereby acce | IAII | | |
| 12. | OFFICERS AND | D DIRECTORS DILETE | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AN | D DIRECTOR Change | |
| NAME | CALIENDO, DANIEL J | [] pricit | 1.1 11TUE 1.2 NAMI | | | | | L Change | L Addition |
| STREET ADDRESS | 1510 S.W. 17TH STREET | | 1.3 STRE | | -88 | | | | |
| CITY-ST-ZIP | OCALA FL 34474 | | 1.4 CITY | | .00 | | | | |
| TITLE | D | DELETE | 2 1 TITLE | | | | | Change | Addition |
| NAME | CALIENDO, FRANK E | | 22 NAM | Γ | | | | | |
| STREET ADDRESS | 1510 S.W. 17TH STREET | | 2.3 STRE | FT ADDR | SS | | | | |
| CITY-ST-ZIP | OCALA FL 34474 | | 2. 4 CITY | | | | | | |
| TITLE | D DALIENDO DICHADO C | ☐ DELETE | 3.13018 | | | | | Change | Addition |
| NAME CIRCLE ADDRESS | CALIENDO, RICHARD S 1510 S.W. 17TH STREET | | 3.2 NAM! | | -oc | | | | |
| STREET ADDRESS | OCALA FL 34474 | | 33 STRE | | - 1 | | | | |
| CITY-ST-ZIP TITLE | OVALA I E VITA | DELETE | 3.4. CITY 4.1 TITLE | | | | | Change | Addition |
| NAME | | | 4. 2 NAM | | | | | | |
| STREET ADDRESS | | | 4.3 STRE | | -SS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | | | | |
| TITLE | | DELETE | 5 1 111(| | | | | Change | Addition |
| NAME | | | 5.2 NAM | £ | | | | | |
| STREET ADDRESS | J | | 5.3 STRE | ET ADDR | ESS | | | | |

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.

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 64 CHY-ST-7(P

61 TITLE 6.2 NAME

DELETE

4/11/00

Change

Addition

Apr 23 1997 8:00am

Secretary of State