

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

FILED

**Feb 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001237 (1)
 1. Corporation Name
ROBERTS FUNERAL SERVICE, INC.



Principal Place of Business 7917 N.W. 7TH COURT PLANTATION FL 33324-1464	Mailing Address 7917 N.W. 7TH COURT PLANTATION FL 33324-1464
1806 NW 29 STREET OAKLAND PARK, FL 33311-2124	1806 NW 29 STREET OAKLAND PARK, FL 33311-2124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/06/1997

2. Principal Place of Business 21 1806 NW 29 STREET Suite, Apt. #, etc.	2a. Mailing Address 26 1806 NW 29 STREET Suite, Apt. #, etc.
22 City & State 23 OAKLAND PARK, FLORIDA	27 City & State 28 OAKLAND PARK FLORIDA
24 Zip 33311-2124	25 Country USA
29 Zip 33311-2124	30 Country USA

4. FEI Number
65-0717375

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MARX, JAMES ESQ
201 S BISCAYNE BLVD
SUITE 201
MIAMI FL 33131**

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

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	<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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/ DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEON MASON ROBERTS	
1.3 STREET ADDRESS	7917 NW 7 COURT	
1.4 CITY-ST-ZIP	PLANTATION, FL 33324-1464	
2.1 TITLE	VICE-PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOAN P. ROBERTS	
2.3 STREET ADDRESS	7917 NW 7 COURT	
2.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33324-1464	
3.1 TITLE	DIRECTOR/SHAREHOLDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD B. WOLF	
3.3 STREET ADDRESS	3965 E 10 COURT	
3.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33013	
4.1 TITLE	DIRECTOR/SHAREHOLDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK K. POPLIN	
4.3 STREET ADDRESS	17435 NW 85 AVENUE	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33015	
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 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: **LEON M. ROBERTS - PRESIDENT** *Leon M. Roberts* 02-06-98 1-800-324-1033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0235996

CR2E034 (10/97)