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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000001237

1. Corporation Name
ROBERTS FUNERAL SERVICE, INC.



Principal Place of Business: 1806 NW 29 ST, OAKLAND PARK FL 33311-124, US
Mailing Address: 1806 NW 29 ST, OAKLAND PARK FL 33311-124, US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 01/06/1997
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 the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent
MARX, JAMES ESQ
201 S BISCAYNE BLVD
OAKLAND PARK
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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE: PD
1.2 NAME: ROBERT, LEON M
1.3 STREET ADDRESS: 7917 NW 7 CT
1.4 CITY-ST-ZIP: PLANTATION FL 33324-1464
2.1 TITLE: VPD
2.2 NAME: ROBERTS, JOAN P
2.3 STREET ADDRESS: 7917 NW 7 CT
2.4 CITY-ST-ZIP: PLANTATION FL 33324-1464
3.1 TITLE: DS
3.2 NAME: POPLIN, MARK K
3.3 STREET ADDRESS: 17435 NW 85 AVE
3.4 CITY-ST-ZIP: MIAMI FL 33015
4.1 TITLE: DS
4.2 NAME: WOLF, RICHARD B
4.3 STREET ADDRESS: 3965 E 10 CT.
4.4 CITY-ST-ZIP: HIALEAH FL 33013

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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, with all other like empowered.

SIGNATURE: Leon M. Roberts LEON M. ROBERTS-PRESIDENT MARCH 13, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.R. E034 (11/98)