

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:18

DOCUMENT # 103956 (9)

1. Corporation Name:
WALSH & WOOD FUNERAL HOME, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 7140 ABBOTT AVE. MIAMI BEACH FL 33141	Mailing Address 7140 ABBOTT AVE. MIAMI BEACH FL 33141
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3. Date Incorporated or Qualified 10/14/1925	3a. Date of Last Report 01/19/1994
4. FEI Number 59-0614284	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 21 State Apt # etc	2a. Mailing Address 26 State Apt # etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country

9. Name and Address of Current Registered Agent

STANTON, FRED
1111 LINCOLN ROAD, STE 600
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 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 _____ (Signature) _____ (Typed Name)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOOD, JUNE
STREET ADDRESS	7140 ABBOTT AVE.
CITY, ST, ZIP	MIAMI BCH. FL.
TITLE	V
NAME	LOWERY, JERRY B., JR.
STREET ADDRESS	7140 ABBOTT AVE.
CITY, ST, ZIP	MIAMI BCH. FL.
TITLE	S
NAME	WOOD, LEE
STREET ADDRESS	7140 ABBOTT AVE.
CITY, ST, ZIP	MIAMI BCH. FL.
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and equally for the information stated as true to an individual, Florida Statutes. I further certify that the information indicated in this annual report or final annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the trustee or trustee-in-possession, or any other person named in this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment thereto as applicable.

SIGNATURE: *June Wood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95 (305) 866-4631