

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **137647** (4)

1. Corporation Name  
**VAN ORSDEL MORTUARIES, INC.**



Principal Place of Business: **3333 N E 2ND AVE MIAMI FL 33137**  
Mailing Address: **3333 N E 2ND AVE MIAMI FL 33137**

3. Date Incorporated or Organized: **07/03/1939**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **59-0484835**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**VAN ORSDEL, CLIFFORD D.  
3333 N.E. 2ND AVE.  
MIAMI FL 33137**

10. Name and Address of New Registered Agent  
81. Name: **DONALD VAN ORSDEL**  
82. Street Address (P.O. Box Number is Not Acceptable): **3333 N.E. 2ND AVENUE**  
83.  
84. City: **MIAMI** FL 85. Zip Code: **33137**

11. Pursuant to the provisions of Sections 607.07(2) 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, Sections 607.07(2) and 607.1508, Florida Statutes.

SIGNATURE: *Donald Van Orsdel, V.P.* DONALD VAN ORSDEL 1-1-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAN ORSDEL, CLIFFORD D.	
STREET ADDRESS	3333 NE 2ND AVE.	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VAN ORSDEL, DONALD	
STREET ADDRESS	3333 NE 2ND AVE.	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	VAN ORSDEL, SUE	
STREET ADDRESS	3333 N E 2ND AVE	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	AVD	<input type="checkbox"/> DELETE
NAME	VAN ORSDEL, CAROL	
STREET ADDRESS	3333 NE 2ND AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Deceased
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	President
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Vice President & Secretary-Treasurer
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the trustee 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: *Donald Van Orsdel* 1-1-96 305 573-4310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Vice President**

CR2E034 (12/95)