

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 176731 (8)

1. Corporation Name

FORT MYERS MEMORIAL GARDENS, INC.



Principal Place of Business	Mailing Address
% GIBRALTAR MAUSOLEUM CORPORATION 9102 N. MERIDIAN ST. #300 INDIANAPOLIS IN 46260	% GIBRALTAR MAUSOLEUM CORPORATION 9102 N. MERIDIAN ST. #300 INDIANAPOLIS IN 46260

3. Date Incorporated or Qualified 12/30/1954	3a. Date of Last Report 03/17/1995
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21. Principal Place of Business 1589 COLONIAL BLVD.	2a. Mailing Address 1929 ALLEN PARKWAY
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. 9TH FLOOR DEPT 2934
23. City & State FORT MEYERS FLORIDA	28. City & State HOUSTON TEXAS
24. Zip 33901	29. Zip 77019
25. Country USA	30. Country USA

4. FEI Number 59-0709647	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TIGHE, CHARLES
1589 COLONIAL BLVD.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81. Name THE PRENTICE HALL CORP SYSTEM
82. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105
83.
84. City TALLAHASSEE
85. Zip Code FL 32301

11. Pursuant to the provisions of Sections 607.0592 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

Debra L. Vincent

Debra L. Vincent
Assistant Secretary

2/14/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRAMMER, TIMOTHY F.	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRAMMER, JAY A.	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHOGER, NEAL G.	
STREET ADDRESS	9102 N. MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. DANIEL GARRISON	
1.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
1.4 CITY-ST-ZIP	HOUSTON TEXAS 77019	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK BANGO	
2.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
2.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EARNEST E. POYNTER	
3.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
3.4 CITY-ST-ZIP	HOUSTON TEXAS 77019	
4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN B. GOFF	
4.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
4.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019	
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 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)(k), 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:

Joan B. Goff

JOAN B. GOFF 2/15/96 (713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)