

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # 207982 (0)

1. Corporation Name

SCI FUNERAL SERVICES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1929 ALLEN PARKWAY
9TH FLOOR #2934
HOUSTON TX 77019

1929 ALLEN PARKWAY
9TH FLOOR #2934
HOUSTON TX 77019

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature of the person submitting this statement of change of registered agent (if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARRISON, J. DANIEL	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POYNTER, EARNEST	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GARRISON, J. DANIEL	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOFF, JOAN B.	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRISON, J. DANIEL	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOFF, JOAN B.	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY- ST- ZIP	HOUSTON TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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	

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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

2/14/96

(713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034 (12/95)

3-18-1996