

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 207982 (0)
 1. Corporation Name
SCI FUNERAL SERVICES OF FLORIDA, INC.



Principal Place of Business 1929 ALLEN PARKWAY 9TH FLOOR #2834 HOUSTON TX 77019	Mailing Address 1929 ALLEN PARKWAY 9TH FLOOR #2834 HOUSTON TX 77019-2507
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3. Date Incorporated or Qualified 12/03/1957	3a. Date of Last Report 03/18/1996
4. FEI Number 59-0818059	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	

2. Principal Place of Business 21 1350 WEST FAIRBANKS AVE Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 WINTER PARK, FL	27 City & State 28
24 Zip 32789	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIMOTHY J. CLAIBORNE
1.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD A. CHESLER
2.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
2.4 CITY-ST-ZIP	
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK BANGO
3.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
3.4 CITY-ST-ZIP	
4.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN B. GOFF
4.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
4.4 CITY-ST-ZIP	
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KENNETH W. CONKLIN
5.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
5.4 CITY-ST-ZIP	
6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARY JANE FRAZIER
6.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Joan B. Goff* MS. JOAN B. GOFF 1/9/97 (713) 525-5571
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)