

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90052 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 207982

1. Corporation Name
 SCI FUNERAL SERVICES OF FLORIDA, INC. 8067



Principal Place of Business: 1350 WEST FAIRBANKS AVE WINTER PARK FL 32789 US
 Mailing Address: 1929 ALLEN PARKWAY 9TH FLOOR #2934 HOUSTON TX 77019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/03/1957	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0818059	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BANGO	1.2 NAME	JOSEPH A. BRANDENBURG
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	1.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY J. CLAIBORNE	2.2 NAME	JOHN H. LOHMAN, JR.
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	2.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KENNETH W. CONKLIN	3.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	TSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	GOFF, JOAN B.	4.2 NAME	
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SUZANNE DINEFF	5.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	LISA M. NEWBURN	6.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *John H. Lohman, Jr.* JOHN H. LOHMAN, JR. 713/522-5141

CR2E034 (11/98)