

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

DOCUMENT # 229896 (6)

1. Corporation Name
SUNSET MEMORIAL PARK INC



Principal Place of Business: 640 MARY MCLEOD BETHUNE BETHUNE COOKMAN COLLEGE DAYTONA BCH FL 32114
Mailing Address: 640 MARY MCLEOD BETHUNE BETHUNE COOKMAN COLLEGE DAYTONA BCH FL 32114

3. Date Incorporated or Qualified: 11/09/1959
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-0903196
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt., etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: COOK, ERNEST C, 640 MARY MCLEOD BETHUNE BLVD., DAYTONA BEACH FL 32114
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 607.0605, Florida Statutes.
SIGNATURE: *Charles D. O'Duor* Vice President DATE: 02/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: COOK, ERNEST C	1.1 TITLE: TD	NAME: CHARLES D. O'DUOR
STREET ADDRESS: 640 MARY MCLEOD BETHUNE BLVD. DAYTONA BCH, FL 00000	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS: 640 DR. MARY Mcleod Bethune blvd. DAYTONA BEACH, FLORIDA 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: DAYTONA BCH, FL 00000		1.4 CITY-ST-ZIP: DAYTONA BEACH, FLORIDA 32114	
TITLE: PD	NAME: BRONSON, OSWALD P	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 640 MARY MCLEOD BETHUNE BLVD. DAYTONA BCH, FL 00000	<input type="checkbox"/> DELETE	2.2 NAME:	
CITY-ST-ZIP: DAYTONA BCH, FL 00000		2.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
TITLE:	<input type="checkbox"/> DELETE	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: *Charles D. O'Duor* DATE: 02/15/96 DISTRICT PHONE: 904/255-1401ex 210

CR2E034 (12/95)