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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

DOCUMENT # 285892 (6)
1. Corporation Name
FOUNTAINHEAD MEMORIAL PARK, INC.



Principal Place of Business
**7303 BABCOCK ST SE
PALM BAY FL 32909**

Mailing Address
**1829 ALLEN PKWU
DEPT 2934
HOUSTON TX 77019
US**

3. Date Incorporated or Qualified
10/09/1964

3a. Date of Last Report
03/06/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1088279	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent
**THE PRENTIC EHALL CORP SYSTEM
1291 HAY ST
STE 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARRISON, J DANIEL	
STREET ADDRESS	1929 ALLEN OKWT DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BANGO, FRANK	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POYNTER, EARNEST E	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GOFF, JOAN B	
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934	
CITY-ST-ZIP	HOUSTON TX	
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	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	
1.4 CITY-ST-ZIP	Houston, Texas 77019	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard A. Chesler	
3.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway	
3.4 CITY-ST-ZIP	Houston, Texas 77019	
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	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	
5.4 CITY-ST-ZIP	Houston, Texas 77019	
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	
6.4 CITY-ST-ZIP	Houston, Texas 77019	

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* SIGNATURE REQUIRED **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)