

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **432704** (5)
1. Corporation Name
RIVERSIDE MEMORIAL PARK, INC.

Principal Place of Business 4534 COUNTY LINE RD. TEQUESTA FL 33469 US	Mailing Address 4534 COUNTY LINE RD. TEQUESTA FL 33469 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 THE LOEWEN GROUP 27 Suite, Apt. #, etc. 27 4126 NORLAND AVENUE 28 City & State 28 BURNABY, BC 29 Zip 29 V5G 3S8 30 Country 30 CANADA	3. Date Incorporated or Qualified 08/13/1973 4. FEI Number 59-1493510 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROOD, ROY S.
208 SHELTER LANE
JUPITER FL 33469

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ROOD, ROY S. 208 SHELTER LANE JUPITER FL	1.1 TITLE	D
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WHITESSELL, THOMAS C. 257 GOLFVIEW DRIVE TEQUESTA FL	2.1 TITLE	D
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD ROOD, PATRICIA M. 208 SHELTER LANE JUPITER FL	3.1 TITLE	P
NAME		3.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS		3.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CONROE, TX 77303
TITLE	T ROOD, PATRICIA M. 208 SHELTER LANE JUPITER FL	4.1 TITLE	DAS
NAME		4.2 NAME	PETER S. HYNDMAN
STREET ADDRESS		4.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BURNABY, BC, V5G 3S8
TITLE		5.1 TITLE	D
NAME		5.2 NAME	RAYMOND L. LOEWEN
STREET ADDRESS		5.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BURNABY, BC, V5G 3S8
TITLE		6.1 TITLE	ST
NAME		6.2 NAME	GREGORY K. ROLLINGS
STREET ADDRESS		6.3 STREET ADDRESS	681 NORTH AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JONESBORO, GA 30236

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.

SIGNATURE:

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)