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

0001779

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 APR 28 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **432704**

1. Corporation Name
RIVERSIDE MEMORIAL PARK, INC.

Principal Place of Business	Mailing Address
4534 COUNTY LINE RD. TEQUESTA FL 33469 US	THE LOEWEN GROUP 4126 NORLAND AVENUE BURNABY BC V5G 3-8 CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/13/1973

4. FEI Number
59-1493510

Applied For / Not Applicable

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30 CANADA

9. Name and Address of Current Registered Agent

ROOD, ROY S.
208 SHELTER LANE
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION **FL** 85 Zip Code: 33324

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: Jack Caskey,Asst.V.P. 4/27/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is changed) (DATE)

12. OFFICERS AND DIRECTORS		
TITLE	D	[ ] DELETE
NAME	ROOD, ROY S.	
STREET ADDRESS	208 SHELTER LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	[ ] DELETE
NAME	WHITESELL, THOMAS C.	
STREET ADDRESS	257 GOLFVIEW DRIVE	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	P	[ ] DELETE
NAME	CASHNER, JEFFREY L.	
STREET ADDRESS	801 TEAS ROAD	
CITY-ST-ZIP	CONROE TX 77303	
TITLE	DAS	[ ] DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY BC V5G 3	
TITLE	D	[X] DELETE
NAME	LOEWEN, RAYMOND L.	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY NC V5G 3	
TITLE	ST	[X] DELETE
NAME	ROLLINGS, GREGORY K.	
STREET ADDRESS	681 NORTH AVENUE	
CITY-ST-ZIP	JONESBORO GA 30236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	[ ] Change [X] Addition
12 NAME	PAUL WAGLER	
13 STREET ADDRESS	4126 NORLAND AVENUE	
14 CITY-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8	
21 TITLE	D	[ ] Change [X] Addition
22 NAME	IRWIN SHIPPER	
23 STREET ADDRESS	3220 MONET DRIVE WEST	
24 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
31 TITLE	VP	[ ] Change [X] Addition
32 NAME	SEAN M. GILCHRIST	
33 STREET ADDRESS	801 TEAS ROAD	
34 CITY-ST-ZIP	CONROE, TX 77303	
41 TITLE	VP	[ ] Change [X] Addition
42 NAME	PETER B. GRAY	
43 STREET ADDRESS	3190 TREMONT AVENUE	
44 CITY-ST-ZIP	TREVOSE, PA 19053	
51 TITLE	AS	[ ] Change [X] Addition
52 NAME	JOSEPH T. HARDIMAN	
53 STREET ADDRESS	801 TEAS ROAD	
54 CITY-ST-ZIP	CONROE, TX 77303	
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

200002859892--1-10
-05/03/99--01003--002
****150.00 ****150.00

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: PETER S. HYNDMAN April 20, 1999 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (11/98)