

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **463882** (1)  
1. Corporation Name  
**BEVERLY HILLS MEMORIAL GARDENS, INC.**



Principal Place of Business <b>5891 N LECANTO HWY BEVERLY HILLS FL 34465 US</b>	Mailing Address <b>5891 N LECANTO HWY BEVERLY HILLS FL 34465 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/21/1974</b>	
21 Suite, Apt. #, etc.	22 City & State	26 P O DRAWER 100	27 Suite, Apt. #, etc.	4. FEI Number <b>59-1563762</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 LUFKIN TX	29 Zip	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25	26	30 USA	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				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	

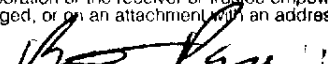
9. Name and Address of Current Registered Agent <b>FERO, LANSE K 5971 N LECANTO HWY BEVERLY HILLS FL 34465</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERO, LANSE K	1.2 NAME	HUNTER, JAMES P. III
STREET ADDRESS	5971 N LECANTO HWY	1.3 STREET ADDRESS	415 S FIRST STREET SUITE 210
CITY-ST-ZIP	BEVERLY HILLS FL	1.4 CITY-ST-ZIP	LUFKIN TX 75901
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERO, ORLANDO J JR	2.2 NAME	MCNAMARA, WILLIAM C.
STREET ADDRESS	5955 N LECANTO HWY	2.3 STREET ADDRESS	415 S FIRST STREET SUITE 210
CITY-ST-ZIP	BEVERLY HILLS FL	2.4 CITY-ST-ZIP	LUFKIN TX 75901
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VT ASST S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERO, KAREN D	3.2 NAME	GERNER, W CARDON
STREET ADDRESS	5955 N LECANTO HWY	3.3 STREET ADDRESS	415 S FIRST STREET SUITE 210
CITY-ST-ZIP	BEVERLY HILLS FL	3.4 CITY-ST-ZIP	LUFKIN TX 57901
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MORRIS, P. MARK
STREET ADDRESS		4.3 STREET ADDRESS	415 S FIRST STREET SUITE 210
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LUFKIN TX 75901
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PACE, BRENT
STREET ADDRESS		5.3 STREET ADDRESS	415 S FIRST STREET SUITE 210
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LUFKIN TX 75901
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HIZA, CYNTHIA K.
STREET ADDRESS		6.3 STREET ADDRESS	415 S FIRST STREET SUITE 210
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LUFKIN TX 75901

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:  BRENT PACE 4-30-98 409-631-8734

CR2E034 (10/97)