

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

FILED
May 12 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 # 600371 (9)

1. Corporation Name

STEVENS BROTHERS FUNERAL HOME, P. A.



Principal Place of Business

Mailing Address

1803 NORTH TAMARIND AVE
W PALM BCH FL 33407

1803 NORTH TAMARIND AVE
W PALM BCH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1270712	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, ROBERT J
1803 TAMARIND AVE
W PALM BCH FL 33407

81 Name RODERICK W. STEVENS
82 Street Address (P.O. Box Number is Not Acceptable)
1803 N. TAMARIND AVENUE
83
84 City WEST PALM BEACH, FL 85 Zip Code 33407

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	P STEVENS, ROBERT J	1.1 TITLE	D ROBERT J. STEVENS
NAME	STEVENS, ROBERT J	1.2 NAME	ROBERT J. STEVENS
STREET ADDRESS	1803 N TAMARIND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D STEVENS, RONALD V	2.1 TITLE	
NAME	STEVENS, RONALD V	2.2 NAME	
STREET ADDRESS	1803 N TAMARIND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	Y STEVENS, HOWARD B	3.1 TITLE	D HOWARD B. STEVENS
NAME	STEVENS, HOWARD B	3.2 NAME	HOWARD B. STEVENS
STREET ADDRESS	1803 N TAMARIND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D STEVENS, RODERICK W	4.1 TITLE	
NAME	STEVENS, RODERICK W	4.2 NAME	
STREET ADDRESS	1803 N TAMARIND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D STEVENS, MARC	5.1 TITLE	
NAME	STEVENS, MARC	5.2 NAME	
STREET ADDRESS	1803 N TAMARIND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D STEVENS, DARRYL L.	6.1 TITLE	S DARRYL L. STEVENS
NAME	STEVENS, DARRYL L.	6.2 NAME	DARRYL L. STEVENS
STREET ADDRESS	1803 N. TAMARIND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	

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 of this report or on the corporation's books with an address.

HOWARD B. STEVENS

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