


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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 603134 (8)					
1. Corporation Name FISK FUNERAL HOME, INC.					
Principal Place of Business 1107 MASSACHUSETTS AVE. ST CLOUD FL 34769-3733			Mailing Address 1107 MASSACHUSETTS AVE. ST CLOUD FL 34769-3733		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1971	
21		26		4. FEI Number 59-1362790	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24		25			
29		30			

9. Name and Address of Current Registered Agent FISK, ROBERT A 1107 MASS AVE ST CLOUD FL 32769				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

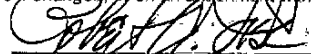
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FISK, ROBERT A	1.2 NAME	
STREET ADDRESS	1107 MASS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD, FL 0	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	KLAASEN, SUSAN FISK	2.2 NAME	
STREET ADDRESS	1105 BAYWOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL	2.4 CITY-ST-ZIP	
TITLE	I	3.1 TITLE	
NAME	FISK, ALMA G	3.2 NAME	
STREET ADDRESS	1107 MASS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	FISK, WILLIAM A	4.2 NAME	
STREET ADDRESS	200 MARYLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

 REQUIRED Robert A. Fisk

January 3, 1998 407/892-2155

CR2E034 (10/97)