

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 629279

1. Corporation Name  
VISTA'S CASKET COMPANY

Principal Place of Business  
14200 NORTHWEST 57 AVENUE  
HIALEAH FL 33014

Mailing Address  
14200 NORTHWEST 57 AVENUE  
HIALEAH FL 33014

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90156 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1979

4. FEI Number

59-1922997

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

9. Name and Address of Current Registered Agent

REVITZ, ESQ J  
1424 NW LEJEUNE RD  
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
REVITZ, MARK  
14200 NW 57 AVE  
HIALEAH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MAXWELL, R.G.  
14200 NW 57 AVE  
HIALEAH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
REVITZ, JANICE  
1424 NW LEJEUNE RD  
MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KLEIN, LES  
14200 NW 57 AVE  
HIALEAH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

(305) 821-1401

Date

Daytime Phone #

CR2E034 (1/98)