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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 631052

1. Corporation Name
LEVITT-WEINSTEIN MEMORIAL CHAPELS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1979

4. FEI Number

36-3033701

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME CASHNER, JEFFREY L
STREET ADDRESS 801 TEAS RD
CITY-STATE-ZIP CONROE TX 77303

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME PAUL WAGLER
1.3 STREET ADDRESS 4126 NORLAND AVENUE
1.4 CITY-STATE-ZIP BURNABY, B.C., CANADA V5G 3S8

TITLE VP ☒ DELETE
NAME MILLER, LAWRENCE
STREET ADDRESS 3190 TREMONT AVE
CITY-STATE-ZIP TREVISO PA 19053

2.1 TITLE C ☐ Change ☒ Addition
2.2 NAME JOEL W. WEINSTEIN
2.3 STREET ADDRESS 111 SKOKIE BLVD.
2.4 CITY-STATE-ZIP WILMETTE, IL 60091

TITLE DAS ☐ DELETE
NAME HYNDMAN, PETER S.
STREET ADDRESS 4126 NORLAND AVE.
CITY-STATE-ZIP BURNABY BC., CANADA V5G 3S8

3.1 TITLE P ☐ Change ☒ Addition
3.2 NAME ROBERT A. WEINSTEIN
3.3 STREET ADDRESS 24100 NORTH HIGHWAY 45
3.4 CITY-STATE-ZIP VERNON HILLS, IL 60061-3180

TITLE DCEO ☐ DELETE
NAME CUTLER, NORMAN
STREET ADDRESS 111 SKOKIE BLVD
CITY-STATE-ZIP WILMETTE IL 60091

4.1 TITLE CEO ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ST ☒ DELETE
NAME ROLLINGS, GREGORY K
STREET ADDRESS 681 NORTH AVE.
CITY-STATE-ZIP JONESBORO GA

5.1 TITLE ST ☐ Change ☒ Addition
5.2 NAME PETER B. GRAY
5.3 STREET ADDRESS 3190 TREMONT AVENUE
5.4 CITY-STATE-ZIP TREVISO, PA 19053

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #