## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

OLIMENT #	- 44000	131		]			
OCUMENT #	641628					a) 18() E)81) A	adas daldia delda daldia deldie 1881
FLORIDA MORTUARY SERVICE, INC.					<u> </u>		
ncipal Place of Business		Mailing Address					
		1495 NW 17TH AVE					
1495 NW 17TH AVE MIAMI FL 33125					3. Date Incorporated or Qualified	3a. Date	e of Last Report 03/23/1995
					10/11/1979		Applied For
		2a. Mailing Address			4. FEI Number 59-13 10520		Not Applicable
Principal Place of Business		26					\$8.75 Additional
		Suite, Apt. #, etc.	_		5. Certificate of Status Desired		Fee Required
Suite, Apt. #, etc.	!	27			6. Election Campaign Financing		\$5.00 May Be Added to Fees
City & State		City & State			- Constitution		
		7 <sub>1</sub> p	Cour	ntry	8. This corporation has liability fo	rintangiole is No_	
Zip	Country	29	30		Florida Statutes XX Yes  10. Name and Address of New	Registere	d Agent
25	5) nd Address of Current	Registered Agent		AL Nome	10. Name and		
9, Name a	NO MODITOR OF THE		1	81 Name	ress (P.O. Box Number is Not Accept	able)	
RICHARDT, FRED 1495 NW 17TH AVE			Ţ	82 Street Add	ress (P.O. DOX Northborts 1971		
			1	83			
MAMIFL						85 Zip Gode	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section £07.0505, Florida Statutes.</li> </ol>				84 City			
		1 007 1509 Florida Statu	tes, the ab	ove-named corpo	pration submits this statement for the	purpose or ippointment	t as registered agent. I am
11. Pursuant to the provision	ons of Sections 607,0502 both, in the State of Florid	la. Such change was authoria	zed by the	corporation s bo	ard or directors.		
or registered agent, or familiar with, and accep	of the obligations of, Section	OH COMOUNT				CVAT	TE .
SIGNATURE	or printed name of registered agent.	and title if applicable [1	VOIE. Registers	30 Agent og 5	red when reinstaling) ADDITIONS/CHANGES TO 0	OFFICERS /	AND DIRECTOR
	OFFICERS ANI		13.	TITLE			Change Addition
12.		DELETE		NAME			
BICH	ARDT, FRED			1			
1495	NW 17TH AVE		12	STREET ADDRESS			
I MIAN			1	STREET ADDRESS			Change Addition
CITY-ST-7IP MICH	AI, FL 00000	r⊃ DELETE	1.4	STREET ADORESS I CITY-ST-ZIP 1 TITLE			Change Addition
S S	AI, FL 00000	☐ DELETE	1.4	CITY-ST-ZIP			Change Addition
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64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fibrida Statutes. I further certify that the information indicated of 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 cortify that the information indicated of 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 cortify that the information indicated of 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 cortify that the information indicated of 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 cortify that the information indicated of 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 cortify that the information indicated of 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 cortify that the information indicated of 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 cortification in the cortification of the c First Mulail Gred Richardt 4/26/96
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

0126611 CP