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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **645933** (3)

1. Corporation Name
MOUNT NEBO MEMORIAL GARDENS, INC.



Principal Place of Business: **111 SKOKIE BLVD. WILMETTE IL 60091**
Mailing Address: **111 SKOKIE BLVD. WILMETTE IL 60091**

3. Date Incorporated or Qualified: **11/20/1979**
3a. Date of Last Report: **04/03/1995**
4. FET Number: **36-3061242**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **4126 NORLAND AVENUE**
21. Suite, Apt. #, etc.:
22. City & State: **BURNABY, B.C.**
23. Zip: **V5G 3S8**
24. Country: **CANADA**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **500001794735**
83. City, State, and Zip: **-042596-01071-017**
84. City: **FL**
85. Zip Code: *****200.00**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT WEINSTEIN, JOEL W. 111 SKOKIE BLVD. WILMETTE IL	1. TITLE	C
NAME	AS WEINSTEIN, JOEL W. 111 SKOKIE BLVD. WILMETTE IL	2. NAME	D
STREET ADDRESS	AS COHN, MARVIN 55 E MONROE ST CHICAGO IL	3. STREET ADDRESS	LOEWEN, RAYMOND L. 4126 NORLAND AVENUE
CITY-ST-ZIP	DVT CUTLER, NORMAN 111 SKOKIE BLVD. WILMETTE IL	4. CITY-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8
	AS MCLANEY, MELISSA L. 111 SKOKIE BLVD. WILMETTE IL	5. TITLE	DAS
	P GOLDEN, ALFRED E. 3201 NORTH 72ND AVE HOLLYWOOD FL	6. NAME	HYNDMAN, PETER S.
		7. STREET ADDRESS	4126 NORLAND AVENUE
		8. CITY-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8
		9. TITLE	D CEO
		10. NAME	V
		11. STREET ADDRESS	MILLER, LAWRENCE 3190 TREMONT AVENUE
		12. CITY-ST-ZIP	TREVOSE, PA 19053
		13. TITLE	ST
		14. NAME	WAIMBERG, PAUL
		15. STREET ADDRESS	3190 TREMONT AVENUE
		16. CITY-ST-ZIP	TREVOSE, PA 19053

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S. HYNDMAN MARCH 22, 1996 (604) 299-9321

CR2E034 (12/95)

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PROFIT CORPORATION ANNUAL REPORT
MOUNT NEBO MEMORIAL GARDENS, INC.

13. CONTINUED: ADDITION

- 7.1 TITLE: V
- 7.2 NAME: WEINSTEIN, MARK
- 7.3 STREET ADDRESS: 111 SKOKIE BOULEVARD
- 7.4 CITY-ST-ZIP: WILMETTE, IL 60091

- 8.1 TITLE: V
- 8.2 NAME: GROSSBERG, ARTHUR
- 8.3 STREET ADDRESS: 3201 N. 72ND AVENUE
- 8.4 CITY-ST-ZIP: HOLLYWOOD, FL. 33024

- 9.1 TITLE: V
- 9.2 NAME: SHANE, WILLIAM R.
- 9.3 STREET ADDRESS: 3190 TREMONT AVENUE
- 9.4 CITY-ST-ZIP: TREVOSE, PA 19053

- 10.1 TITLE: V
- 10.2 NAME: LEE JR., KENNETH EDWARD
- 10.3 STREET ADDRESS: 3190 TREMONT AVENUE
- 10.4 CITY-ST-ZIP: TREVOSE, PA 19053

- 11.1 TITLE: V
- 11.2 NAME: KINZER, DOUGLAS I.
- 11.3 STREET ADDRESS: 1895 WEST COMMERCIAL BLVD.
- 11.4 CITY-ST-ZIP: FT. LAUDERDALE, FL. 33309

- 12.1 TITLE: AS
- 12.2 NAME: BIRCH, TIMOTHY A.
- 12.3 STREET ADDRESS: 50 EAST RIVERCENTER BLVD.
- 12.4 CITY-ST-ZIP: COVINGTON, KY 41011