

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

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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 645933 (3)

1. Corporation Name
MOUNT NEBO MEMORIAL GARDENS, INC.



Principal Place of Business 111 SKOKIE BLVD. WILMETTE IL 60091	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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3. Date Incorporated or Qualified 11/20/1979	3a. Date of Last Report 04/25/1996
4. FEI Number 36-3061242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
24	29

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)
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	C WEINSTEIN, JOEL W.
STREET ADDRESS	111 SKOKIE BLVD.
CITY-ST-ZIP	WILMETTE IL 60091
TITLE	<input type="checkbox"/> DELETE
NAME	D LOEWEN, RAYMOND L.
STREET ADDRESS	4126 NORLAND AVE.
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8
TITLE	<input type="checkbox"/> DELETE
NAME	DAS HYNDMAN, PETER S.
STREET ADDRESS	4126 NORLAND AVE.
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8
TITLE	<input type="checkbox"/> DELETE
NAME	DCEO CUTLER, NORMAN
STREET ADDRESS	111 SKOKIE BLVD.
CITY-ST-ZIP	WILMETTE IL 60091
TITLE	<input type="checkbox"/> DELETE
NAME	V MILLER, LAWRENCE
STREET ADDRESS	3190 TREMONT AVE.
CITY-ST-ZIP	TREVOSE PA 19053
TITLE	<input type="checkbox"/> DELETE
NAME	P GOLDEN, ALFRED E.
STREET ADDRESS	3201 NORTH 72ND AVE
CITY-ST-ZIP	HOLLYWOOD FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP Arthur Grossberg
1.3 STREET ADDRESS	3201 N. 72nd Avenue
1.4 CITY-ST-ZIP	Hollywood, FL 33024
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP William R. Shane
2.3 STREET ADDRESS	3190 Tremont Avenue
2.4 CITY-ST-ZIP	Trevoese, PA 19053-6693
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP Kenneth E. Lee, Jr.
3.3 STREET ADDRESS	3190 Tremont Avenue
3.4 CITY-ST-ZIP	Trevoese, PA 19053-6693
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP Douglas I. Kinzer
4.3 STREET ADDRESS	1895 West Commercial Boulevard
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S/T Paul Walmsberg
5.3 STREET ADDRESS	3190 Tremont Avenue
5.4 CITY-ST-ZIP	Trevoese, PA 19053-6693
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS Timothy A. Birch
6.3 STREET ADDRESS	800-50 E. RiverCenter Blvd.
6.4 CITY-ST-ZIP	Covington, KY 41011

14. I do 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: Peter S. Hyndman **SIGNATURE REQUIRED** 1/13/97 (604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)