


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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>111 SKOKIE BLVD. WILMETTE IL 60091</b>	Mailing Address <b>4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/20/1979</b>	
21		26		4. FEI Number <b>36-3061242</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEINSTEIN, JOEL W.</b>	1.2 NAME	<b>JEFFREY L. CASHNER</b>
STREET ADDRESS	<b>111 SKOKIE BLVD.</b>	1.3 STREET ADDRESS	<b>801 TEAS ROAD</b>
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	1.4 CITY-ST-ZIP	<b>CONROE, TX 77303</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOEWEN, RAYMOND L.</b>	2.2 NAME	
STREET ADDRESS	<b>4126 NORLAND AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURNABY BC., CANADA V5G 3S8</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DAS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYNDMAN, PETER S.</b>	3.2 NAME	
STREET ADDRESS	<b>4126 NORLAND AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURNABY BC., CANADA V5G 3S8</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTLER, NORMAN</b>	4.2 NAME	
STREET ADDRESS	<b>111 SKOKIE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, LAWRENCE</b>	5.2 NAME	
STREET ADDRESS	<b>3190 TREMONT AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREVOSE PA 19053</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDEN, ALFRED E.</b>	6.2 NAME	
STREET ADDRESS	<b>3201 NORTH 72ND AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	6.4 CITY-ST-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

SIGNATURE: \_\_\_\_\_ Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)