

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 645933**

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5900 SW 77TH AVENUE Suite, Apt. #, etc. 22 City & State 23 KENDALL, FL Zip Country 24 33143 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified <b>11/20/1979</b> 4. FEI Number <b>36-3061242</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>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 <b>FL</b> 85 Zip Code
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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	VP CASHNER, JEFFREY L. 801 TEAS RD CONROE TX 77303	1.1 TITLE	D PAUL WAGLER 4126 NORLAND AVENUE BURNABY, B.C., CANADA V5G 3S8
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D LOEWEN, RAYMOND L. 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8	2.1 TITLE	C JOEL W. WEINSTEIN 111 SKOKIE BLVD. WILMETTE, IL 60091
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DAS HYNDMAN, PETER S. 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8	3.1 TITLE	P ROBERT A. WEINSTEIN 24100 NORTH HIGHWAY 45 VERNON HILLS, IL 60061-3180
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DCEO CUTLER, NORMAN 111 SKOKIE BLVD. WILMETTE IL 60091	4.1 TITLE	CEO
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V MILLER, LAWRENCE 3190 TREMONT AVE. TREVOSE PA 19053	5.1 TITLE	VP SEAN M. GILCHRIST 801 TEAS ROAD CONROE, TX 77303
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	ST PETER B. GRAY 3190 TREMONT AVENUE TREVOSE, PA 19053
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #