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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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

3. Date Incorporated or Qualified
11/20/1979

4. FEI Number 36-3061242	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 5900 SW 77TH AVENUE Suite, Apt. #, etc. 22 City & State 23 KENDALL, FL Zip 24 33143 Country 25 U.S.A.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	D
NAME	CASHNER, JEFFREY L.	1.2 NAME	PAUL WAGLER
STREET ADDRESS	801 TEAS RD	1.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-STATE-ZIP	CONROE TX 77303	1.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8
TITLE	D	2.1 TITLE	C
NAME	LOEWEN, RAYMOND L.	2.2 NAME	JOEL W. WEINSTEIN
STREET ADDRESS	4126 NORLAND AVE.	2.3 STREET ADDRESS	111 SKOKIE BLVD.
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	2.4 CITY-STATE-ZIP	WILMETTE, IL 60091
TITLE	DAS	3.1 TITLE	P
NAME	HYNDMAN, PETER S.	3.2 NAME	ROBERT A. WEINSTEIN
STREET ADDRESS	4126 NORLAND AVE.	3.3 STREET ADDRESS	24100 NORTH HIGHWAY 45
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	3.4 CITY-STATE-ZIP	VERNON HILLS, IL 60061-3180
TITLE	DCEO	4.1 TITLE	CEO
NAME	CUTLER, NORMAN	4.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WILMETTE IL 60091	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	VP
NAME	MILLER, LAWRENCE	5.2 NAME	SEAN M. GILCHRIST
STREET ADDRESS	3190 TREMONT AVE.	5.3 STREET ADDRESS	801 TEAS ROAD
CITY-STATE-ZIP	TREVOSE PA 19053	5.4 CITY-STATE-ZIP	CONROE, TX 77303
TITLE		6.1 TITLE	ST
NAME		6.2 NAME	PETER B. GRAY
STREET ADDRESS		6.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	TREVOSE, PA 19053

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 #