FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 . PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** Corporation Name BETH DAVID MEMORIAL GARDENS, INC. Mailing Address Principal Place of Business 3201 NW 72ND AVE. 111 SKOKIE BOULEVARD HOLLYWOOD FL 33024-2406 WILMETTE IL 60091 3a. Date of Last Report 3. Date Incorporated or Qualified 04/03/1995 05/09/1980 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 4126 NORLAND AVENUE 36-3072619 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 BURNABY, B.C. 23 This corporation has liability for intangible tax under s. 199.032, Country Zio Zip Yes No Horida Statutes 30 29 24 25 CANADA .v5G_3S8 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 800001794698 83 **PLANTATION FL 33324** -04/25/96--01071--004 ***200.00 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE [1401]E. Rogistaria J. Agent Segmential required when re-catalog-CR2E034 (12/95) Signature, type cice penti-dinane of a patriod agent and the dialog little ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE 1 1 1: FLE TITLE 1.2 NAMe WEINSTEIN, JOEL W. NAME 111 SKOKIE BLVD. 1.3 STREET ADDRESS STREET ADDRESS ZIP = 600911.4 CHY-SI-ZIP WILMETTE IL CHTY - ST - ZIP Addit on DELETE 2 1 THEF D CEO DVSA TITLE 2.2 NAME CUTLER, NORMAN NAME 2.3 STREET ADDRESS 111 SKOKJE BLVD. STREET ADDRESS ZIP = 600912 4 CITY - ST - ZIP WILMETTE IL CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE GOLDEN, ALFRED E. 3.2 NAME NAME 3.3 STREET ADDRESS 3201 NORTH 72ND AVE. STREET ADORESS ZIP = 330243.4 CITY - \$1 - 7(2) HOLLYWOOD FL CITY-ST-ZIP Addition XX DELETE TITLE AS LOEWEN, RAYMOND L. 4.2 NAME COHN, MARVIN NAME 43 SPREET ADDRESS 4126 NORLAND AVENUE 55 E. MONROE STREET STREET ADDRESS BURNABY, B.C. V5G 3S8 4.4 CITY - ST - 7:P CHICAGO IL CITY - ST - ZIP Change Addition DELETÉ 5 1 TITLE DAS TITLE 5.2 NAME HYNDMAN, PETER S. MCLANEY, MELISSA L NAME 53 STREEF ADDRESS 4126 NORLAND AVENUE 111 SKOKIE BOULEVARD STREET ADDRESS 5.4 C:TY - ST - 7IP BURNABY, B.C. V5G 3S8 WILMETTE IL CITY - ST - ZIP ** Addition Change XX DELETE 6 1 TITLE AS

CITY-ST-ZIP WIMETTE IL

14. I do hereby certify that the information supplies win this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have this same legal effect as if made under cath; that I am an officer or director of the comprisation 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

6.2 NAME

SIGNATURE: ___

WEINSTEIN, JOEL W.

111 SKOKIE BLVD.

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILLER, LAWRENCE

63 STREET ADDRESS 3190 TREMONT AVENUE

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PROFIT CORPORATION ANNUAL REPORT

BETH DAVID MEMORIAL GARDENS, INC.

13.	CONTINUED:	ADDITION
7.3	TITLE: NAME: STREET ADDRESS CITY-ST-ZIP:	V WEINSTEIN, MARK 111 SKOKIE BOULEVARD WILMETTE, IL 60091
8.2 8.3	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	V GROSSBERG, ARTHUR 3201 N. 72ND AVENUE HOLLYWOOD, FL. 33024
9.1 9.2 9.3 9.4	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	V SHANE, WILLIAM R. 3190 TREMONT AVENUE TREVOSE, PA 19053
10.1	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	V
11.1 11.2 11.3	TITLE: NAME: STREET ADDRESS:	V KINZER, DOUGLAS I. 1895 WEST COMMERCIAL BLVD.
12.1 12.2 12.3 12.4	CITY-ST-ZIP: TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: TITLE:	ST WAIMBERG, PAUL 3190 TREMONT AVENUE TREVOSE, PA 19053
13.2 13.3	>	AS BIRCH, TIMOTHY A. 50 EAST RIVERCENTER BLVD. COVINGTON, KY 41011