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FILED
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 # 669678 (5)
1. Corporation Name
BETH DAVID MEMORIAL GARDENS, INC.



Principal Place of Business 111 SKOKIE BOULEVARD WILMETTE IL 60091 US	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 05/09/1980	3a. Date of Last Report 04/25/1996
4. FEI Number 36-3072619	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	

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
85 Zip Code **FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William R. Shane	
1.3 STREET ADDRESS	3190 Tremont Avenue	
1.4 CITY-ST-ZIP	Trevoze, PA 19053-6693	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth E. Lee, Jr.	
2.3 STREET ADDRESS	3190 Tremont Avenue	
2.4 CITY-ST-ZIP	Trevoze, PA 19053-6693	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Douglas I. Kinzer	
3.3 STREET ADDRESS	1895 West Commercial Boulevard	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
4.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Waimberg	
4.3 STREET ADDRESS	3190 Tremont Avenue	
4.4 CITY-ST-ZIP	Trevoze, PA 19054-6693	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Timothy R. Birch	
5.3 STREET ADDRESS	800-50 E. RiverCenter Blvd.	
5.4 CITY-ST-ZIP	Covington, KY 41011	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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**
DATE: 1/13/97 DAYTIME PHONE #: (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CRE034 (9/96)