- FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27 1997 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: **05/09/1980**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **36-3072619** — Applied For ☐ Not Applicable ☐

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 **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

TITLE	C	☐ DELETE
NAME	WEINSTEIN, JOEL W.	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL 60091	
TITLE	DCEO	☐ DELETE
NAME	CUTLER, NORMAN	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL 60091	
TITLE	P	☐ DELETE
NAME	GOLDEN, ALFRED E.	
STREET ADDRESS	3201 NORTH 72ND AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	☐ DELETE
NAME	LOEWEN, RAYMOND L.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	
TITLE	DAS	☐ DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	
TITLE	V	☐ 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	☐ Change ☒ Addition
1.2 NAME	William R. Shane	
1.3 STREET ADDRESS	3190 Tremont Avenue	
1.4 CITY-ST-ZIP	Trevose, PA 19053-6693	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Kenneth E. Lee, Jr.	
2.3 STREET ADDRESS	3190 Tremont Avenue	
2.4 CITY-ST-ZIP	Trevose, PA 19053-6693	
3.1 TITLE	VP	☐ Change ☒ 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	☐ Change ☒ Addition
4.2 NAME	Paul Waimberg	
4.3 STREET ADDRESS	3190 Tremont Avenue	
4.4 CITY-ST-ZIP	Trevose, PA 19054-6693	
5.1 TITLE	AS	☐ Change ☒ 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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 — 1/13/97 — (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0526670