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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-27-1999 90013 038 \*\*\*150.00

DOCUMENT # 669678

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1980

2. Principal Place of Business

21 3201 NORTH 72ND AVENUE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

HOLLYWOOD, FL

28 City & State

24 Zip

33024

Country

25 U.S.A.

29 Zip

Country

30

4. FEI Number

36-3072619

Applied For

No: 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 owes the current year Intangible  
Personal Property Tax.

☐ 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 ST ☐ Change ☒ Addition  
1.2 NAME PETER B. GRAY  
1.3 STREET ADDRESS 3190 TREMONT AVENUE  
1.4 CITY-ST-ZIP TREVOSE, PA 19053

2.1 TITLE CEO ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME PAUL WAGLER  
3.3 STREET ADDRESS 4126 NORLAND AVENUE  
3.4 CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME ARTHUR GROSSBERG  
4.3 STREET ADDRESS 3201 NORTH 72ND AVENUE  
4.4 CITY-ST-ZIP HOLLYWOOD, FL 33024

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME JEFFREY L. CASHNER  
5.3 STREET ADDRESS 301 TEAS ROAD  
5.4 CITY-ST-ZIP CONROE, TX 77303-1606

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME SEAN M. GILCHRIST  
6.3 STREET ADDRESS 301 TEAS ROAD  
6.4 CITY-ST-ZIP CONROE, TX 77303-1606

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 #

CR2E034 (1/98)

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