FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 676161

(3)

UNITED FUNERAL SERVICES, INC.

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FILED Jan 15 1998 8:00am Secretary of State

UNTILL	O PONERAL SERVICES, INC	.					
Principal Place of Business Mailing Address		Mailing Address				DYBUL SERVI BURUL EYR	
7362 LAKE WORTH ROAD 7362 LAKE WORTH ROAD			D		{		
LAKE WORTH FL 33467 LAKE WORTH FL 33467			,		DO NOT WRITE IN TI	HIS SPACE	
US US					3. Date Incorporated or Qualified		
					· · · · · · · · · · · · · · · · · · ·		ļ
2. Principal Place of Business 2a. Mailing Address					06/26/1980 4. FEI Number	I Ai	oplied For
21 26		 -			59-2042020		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional
22		27	<u> </u>		5. Certificate of Status Desired	Fee Ro	equired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		26			Trust Fund Contribution	Added	to Fees
Zîp	Country		Country	4	8. This corporation owes or has paid the		'
24	25 29 30 9, Name and Address of Current Registered Agent		30	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax due June 30.		_ No
<u> </u>		it Registered Agent	81	Name	10. Name and Address of New Register	red Agent	
	INDELL, ROBERT C.		["	Name			
7362 LAKE WORTH ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
į LAi	KE WORTH FL 33467		83	 -			
			65				
			84	City		85 Zip	Code
11 Purcuant	to the provisions of Sections 607.050	2 and 607 1509. Elorida Statut	tee the about	e-pamed corp			te registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the	appointment as	registered
	im familiar with, and accept the obligi	ations of, Section 607,0505, Fi	orida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title it applicable. (NOT	E. Registered Ag	ent signature require	d when reinstating) DA	TÉ	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MANDELL, ROBERT C		1.2 NAME				
STREET ADDRESS	EET ADDRESS 7362 LAKE WORTH ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-5	ST- ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	MUELLER, LAWRENCE D		2.2 NAME	İ			
STREET ADDRESS	7362 LAKE WORTH ROAD		2.3 STREET	ADDRESS	, · · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CITY -	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			L Change	Addition
NAME			3.2 NAME				İ
STREET ADDRESS			3.3 STREET	j.]
CiTY - ST - ZIP		——————————————————————————————————————	3.4. CITY -	ST-ZIP			T A CONTROL
TITLE		☐ DELETE	4.1 TITLE			L Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP		DELETE	4.4 CITY-5	ST-ZIP		Change	Addition
TITLE		וון חברבוב	5.1 TITLE			in charige	☐ Additioti
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				Į
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP			Change	Addition
TITLE		EJ Detele	6.1 TITLE 6.2 NAME			first Criailitie	
NAME				ADDRESS			
STREET ADDRESS	///		6.3 STREET	į			ļ
CiTY-ST-ZIP	partify that the information supplied w	th this filing door not qualify to	6,4 CITY-S		Section 119 07/3V() Florida Statutes furthe	a andife that the	information

4. 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 supplier rental 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 refereiver 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 affairment with an address.

SIGNATURE:

A REQUIRED

E034 (10/97)