

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734208 (2)

PRAIRIE MAUSOLEUM & CEMETERY CORPORATION, INC.

2540 125TH ST. N. LAKE PARK FL. 33410

**2540 125TH STREET, NORTH
LAKE PARK FL 33410**

3. Date Incorporated or Qualified 10/30/1975
3a. Date of Last Report 04/22/1994

4. FEI Number 51-0198486
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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business
2540 125TH ST. N.

2a. Mailing Address
Same

22. City & State
LAKE PARK, FL.

27. City & State
LAKE PARK, FL.

24. Zip 33410

25. Country FLA

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARCHER, MARIAN
2540 125TH ST. N.
LAKE PARK FL 33410**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FRANZEN, LORRAINE
STREET ADDRESS	605 US 1
CITY - ST - ZIP	JUNO BEACH FL
TITLE	D
NAME	PRAIRIE, DONALD M.
STREET ADDRESS	RR
CITY - ST - ZIP	BONFIELD IL
TITLE	SD
NAME	ARCHER, MARIAN
STREET ADDRESS	2540 125TH ST NORTH
CITY - ST - ZIP	LAKE PARK, FL 00000
TITLE	D
NAME	KUSCHEL, BARBARA
STREET ADDRESS	6089 DANIA ST
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	D
NAME	PRAIRIE, RONALD J.
STREET ADDRESS	790 JONETTE AVE
CITY - ST - ZIP	BRADLEY IL
TITLE	D
NAME	HILL, ELAINE P.
STREET ADDRESS	1050 SINGER WAY
CITY - ST - ZIP	RIVIERA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>D. BERNITA PRAIRIE</i>
5.3 STREET ADDRESS	<i>305 E GRAND ST. APT. 2</i>
5.4 CITY - ST - ZIP	<i>BOURBONNAIS, ILL. 60914</i>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARIAN L. ARCHER *Marian L Archer 4/18/95 (407)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

622-2823