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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 734208 (2)
1. Corporation Name
PRAIRIE MAUSOLEUM & CEMETERY CORPORATION, INC.



Principal Place of Business Mailing Address
7235 GRISSOM PKWY PORT ST JOHN FL 32927 US
2540 125TH ST. W. LAKE PARK FL 33410-2002 US

3. Date Incorporated or Qualified 10/30/1975
3a. Date of Last Report 06/20/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
ARCHER, MARIAN
2540 125TH ST. N.
LAKE PARK FL 33410

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME FRANZEN, LORRAINE
STREET ADDRESS 605 US 1
CITY-ST-ZIP JUNO BEACH FL
TITLE D DELETE
NAME PRAIRIE, DONALD M.
STREET ADDRESS RR
CITY-ST-ZIP BONFIELD IL
TITLE SD DELETE
NAME ARCHER, MARIAN
STREET ADDRESS 2540 125TH ST NORTH
CITY-ST-ZIP LAKE PARK, FL 00000
TITLE D DELETE
NAME KUSCHEL, BARBARA
STREET ADDRESS 6089 DANIA ST
CITY-ST-ZIP PALM BCH GARDENS FL
TITLE D DELETE
NAME PRAIRIE, BENITA
STREET ADDRESS 305 E. GRAND ST. APT.2
CITY-ST-ZIP BOURBONNAIS IL
TITLE D DELETE
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 PD Change Addition
1.2 NAME ELIZABETH HILL LADD
1.3 STREET ADDRESS RR 2 Box 217-A
1.4 CITY-ST-ZIP BUNKER HILL, FN 46914
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)