

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



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

3. Date Incorporated or Qualified <b>10/30/1975</b>
4. FEI Number <b>51-0198486</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD LADD, ELIZABETH HILL</b>
STREET ADDRESS	<b>RR 2 BOX 217 A</b>
CITY - ST - ZIP	<b>BUNKER HILL IN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PRAIRIE, DONALD M.</b>
STREET ADDRESS	<b>RR</b>
CITY - ST - ZIP	<b>BONFIELD IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD ARCHER, MARIAN</b>
STREET ADDRESS	<b>2540 125TH ST NORTH</b>
CITY - ST - ZIP	<b>LAKE PARK, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D KUSCHEL, BARBARA</b>
STREET ADDRESS	<b>6089 DANIA ST</b>
CITY - ST - ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PRAIRIE, BENITA</b>
STREET ADDRESS	<b>305 E. GRAND ST. APT.2</b>
CITY - ST - ZIP	<b>BOURBONNAIS IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HILL, ELAINE P.</b>
STREET ADDRESS	<b>1050 SINGER WAY</b>
CITY - ST - ZIP	<b>RIVIERA BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD LADD, ELIZABETH</b>
1.3 STREET ADDRESS	<b>RR 2 BOX 217A</b>
1.4 CITY - ST - ZIP	<b>BUNKER HILL, IND. 46914</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D BARBARA KUSCHEL</b>
4.3 STREET ADDRESS	<b>PO BOX 688</b>
4.4 CITY - ST - ZIP	<b>MAGGIE VALLEY NC 28751</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D BERNITA PRAIRIE</b>
5.3 STREET ADDRESS	<b>156 W. MARTEN ST.</b>
5.4 CITY - ST - ZIP	<b>KANKAKEE ILL 60901</b>
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 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 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 S. Archer* 2/1/98 407-835-6097 511-622-3823

CR2E037 (10/97)