FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
MAY 11 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742339** **(5)**

1 Corporate Name
PALM BEACH COUNTY FUNERAL DIRECTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3041 KIRK RD. LAKE WORTH FL 33461 US	3041 KIRK RD LAKE WORTH FL 33461 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1978	3a. Date of Last Report: 04/25/1994
4. FEI Number: NOT APPLICABLE	☐ 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 intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

HARRIS, GEORGE E.
707 COMEAU BUILDING
WEST PALM BEACH FL 33401

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 _____ (NEW Registered Agent's signature required when indicated) (DATE)
Signature, typed or printed name of registered agent (as filed with agency)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	YOUNG HERB	12 NAME	Enkoff, Michael	
STREET ADDRESS	754 US HWY 1	13 STREET ADDRESS	3041 Kirk Rd	
CITY ST ZIP	NORTH PALM BEACH FL	14 CITY ST ZIP	Lake Worth, FL 33461	
TITLE	VD	21 TITLE	VP	☒ Change ☐ Addition
NAME	ENKOFF MICHAEL	22 NAME	Walker, Norman	
STREET ADDRESS	3041 KIRK RD	23 STREET ADDRESS	5601 Greenwood Ave	
CITY ST ZIP	LAKE WORTH FL	24 CITY ST ZIP	West Palm Beach, FL 33407	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	PERRIN DAN	32 NAME	Perrin, Dan	
STREET ADDRESS	3061 KIRK RD	33 STREET ADDRESS	3041 Kirk Rd	
CITY ST ZIP	LAKE WORTH FL	34 CITY ST ZIP	Lake Worth, FL 33461	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Daniel R. Perrin 05-03-95 407 964-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050842