

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 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
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**DOCUMENT # 743760 (1)**  
1. Corporation Name  
**ASSOCIATED FUNERAL DIRECTORS INTERNATIONAL, INC.**



Principal Place of Business <b>PO BOX 1382 LARGO FL 34649 US</b>		Mailing Address <b>PO BOX 1382 LARGO FL 34649 US</b>		3. Date Incorporated or Qualified <b>07/31/1978</b>
				4. FEI Number <b>59-0164996</b>
				Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip	28 Country	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		
24	25	29	30	

9. Name and Address of Current Registered Agent <b>SANTORE, RICHARD A 11691 OVAL DR WEST LARGO FL 34644</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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  DATE **1-19-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>328 6TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUNTINGTON WV</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLINE, DEAN W</b>	2.2 NAME	
STREET ADDRESS	<b>280 MARKET ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEECH BURG PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORELAND, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>55 SOUTH SHROCK</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTERVILLE OH</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENSING, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>805 KIRKWOOD AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IOWA CITY IA 52244</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTORE, RICHARD A</b>	5.2 NAME	
STREET ADDRESS	<b>11691 ORAL DRIVE W.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34644</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **1-19-98** **813-593-0709**

CR2E037 (10/97)