

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F49815** (6)

1. Corporation Name

PHIL KISER FUNERAL HOME INC.



Principal Place of Business

Mailing Address

**9231 CYPRESS LAKE DR
FT MYERS FL 33919**

**4126 NORLAND AVE.
BURNABY BC V5G3S-8**

3. Date Incorporated or Qualified
11/01/1981

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

V5G 3S8

CANADA

4. FEI Number

59-2125429

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 date if applicable

(401) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HEATH, ROBERT E.	
STREET ADDRESS	9231 CYPRESS LAKE DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY B.C. CANADA	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HYNDMAN PETER S.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC V5G3S-8	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLODEK, TOM	
STREET ADDRESS	230-13TH AVE., N.E.	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	A	<input type="checkbox"/> DELETE
NAME	SWANSON RICK	
STREET ADDRESS	12777 STATE ROAD 82	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP = 33919
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ZIP = V5G 3S8
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ZIP = V5G 3S8
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ZIP = 55413
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	400001794754
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/25/96--01071--022
6.3 STREET ADDRESS	***200.00
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address

PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized by

CR2E034 (12/95)