

3-14-97 B-3060 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F93000004744 (9)  
1. Corporation Name  
SECURITY NATIONAL INVESTMENTS, INC.



Principal Place of Business 341 W. TUDOR, SUITE 202 ANCHORAGE AK 99504	Mailing Address 341 W. TUDOR, SUITE 202 ANCHORAGE AK 99503-6648
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P. O. BOX 35 27 Suite, Apt. #, etc. 28 City & State 29 EUREKA, CA 29 Zip Country 29 95502 30 HUMBOLDT		3. Date Incorporated or Qualified 10/20/1993	3a. Date of Last Report 03/19/1996
---	--	--	--	---	---------------------------------------

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST., SUITE 105  
TALLAHASSEE FL 32301

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
			FL	

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 identical applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	1.1 TITLE	
NAME	ARKLEY, ROBIN P	1.2 NAME	
STREET ADDRESS	341 W TUDOR, STE 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MENDHEIM, JACK	2.2 NAME	
STREET ADDRESS	341 W. TUDOR, STE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	MCGUINNESS, SEAN	3.2 NAME	
STREET ADDRESS	19 WESTECH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TYNGSBORO MA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; 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 or changed on an attachment with an address.

SIGNATURE

*[Signature]*

2/28/97

(800)603-0836

CR2E034 (9/96)