

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 021 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # F96000000555

1. Corporation Name
LOEWEN GROUP INC.



Principal Place of Business
 50 E RIVER CENTER BLVD #800
 COVINGTON KY 41011

Mailing Address
 4126 NORLAND AVE
 BURNABY BC V5G3S
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1996

4. FEI Number
61-1206758

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 owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 607.0501 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 title if applicable. (NOT E: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVE	
CITY-ST-ZIP	BURNABY, B.C., V5G 3S8 KY 41011	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVE	
CITY-ST-ZIP	BURNABY, B.C., V5G 3S8 KY 41011	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOGENKAMP, TIMOTHY R	
STREET ADDRESS	50 E RIVER CENTER BLVD #800	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASHNER, JEFFREY	
STREET ADDRESS	801 TEAS RD	
CITY-ST-ZIP	CONROE TX 77303	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MAYES, HERBERT A	
STREET ADDRESS	1003 E MAIN ST	
CITY-ST-ZIP	MORRISTOWN TN 37814	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHAEFER, F. DUANE	
STREET ADDRESS	4801 WOODWAY SUITE 375W	
CITY-ST-ZIP	HOUSTON TX 77056	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL WAGLER	
1.3 STREET ADDRESS	4126 NORLAND AVENUE	
1.4 CITY-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEAN M. GILCHRIST	
2.3 STREET ADDRESS	801 TEAS ROAD	
2.4 CITY-ST-ZIP	CONROE, TX 77303	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	B. DOUGLAS BODIE	
3.3 STREET ADDRESS	4126 NORLAND AVENUE	
3.4 CITY-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMAS C. HARDY	
5.3 STREET ADDRESS	2240 MAGAZINE STREET	
5.4 CITY-ST-ZIP	NEW ORLEANS, LA 70130	
6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE M. AMATO	
6.3 STREET ADDRESS	4145-58TH STREET	
6.4 CITY-ST-ZIP	WOODSIDE, NY 11377	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED PETER S. HYNDMAN April 20, 1999 (604) 299-9321

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