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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:01

DOCUMENT # **G34613** **(1)**

1. Corporation Name
**ETERNAL LIGHT FUNERAL DIRECTORS AND COUNSELORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 17020 W. DIXIE HIGHWAY<br>N. MIAMI BEACH FL 33160<br>US | 17020 W. DIXIE HIGHWAY<br>N. MIAMI BEACH FL 33160<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1983
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 17250 W. Dixie Highway
Suite, Apt. #, etc.
22
City & State
23 N. Miami Beach, Fl.
Zip 24 33160 County 25 Dade

2a. Mailing Address
26 17250 W. Dixie Highway
Suite, Apt. #, etc.
27
City & State
28 N. Miami Beach, Fla.
Zip 29 33160 County 30 Dade

4. FEI Number: 59-2286868 ☐ 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

ROSEN, LAWRENCE N.
133 SEVILLA AVENUE
CORAL GABLES FL 33134

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | STD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ORITT, MICHAEL | 12 NAME | | |
| STREET ADDRESS | 10301 NW 25TH ST | 13 STREET ADDRESS | | |
| CITY ST ZIP | MIAMI, FL 00000 | 14 CITY ST ZIP | | |
| TITLE | DP | 21 TITLE | DP | XX Change ☐ Addition |
| NAME | KAY, KENNETH | 22 NAME | Kay, Kenneth | |
| STREET ADDRESS | 854 NE 205 TR | 23 STREET ADDRESS | 640 N.E. 98th Street | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | Miami Shores, Fla. 33138 | |
| TITLE | AS | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | ROLLNICK, NEIL S | 32 NAME | | |
| STREET ADDRESS | 133 SEVILLA AVE | 33 STREET ADDRESS | | |
| CITY ST ZIP | CORAL GABLES, FL 00000 | 34 CITY ST ZIP | | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, immediately with an address.

**SIGNATURE:** _____ - Kenneth M. Kay April 10, 1995 948-9900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

01/3177 CP