


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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90013 004 \*\*\*150.00

0001382

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # G34613**

1. Corporation Name

**ETERNAL LIGHT FUNERAL DIRECTORS AND COUNSELORS, INC.**

Principal Place of Business

17250 W. DIXIE HWY  
 N. MIAMI BEACH FL 33160  
 US

Mailing Address

4126 NORLAND AVENUE  
 BURNABY, BRITISH COLUMBIA  
 CANADA V5G3S8



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1983

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION  
 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

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 title if applicable.

(NOTE: 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 AVENUE	
CITY-STATE-ZIP	BURNABY, BC CANADA V5G3S8	

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-STATE-ZIP	BURNABY, BC CANADA V5G3S8	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASHNER, JEFFREY L	
STREET ADDRESS	801 TEAS ROAD	
CITY-STATE-ZIP	CONROE TX 77303	

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D	
STREET ADDRESS	200 N. FEDERAL HIGHWAY	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROLLINGS, GREGORY K	
STREET ADDRESS	681 NORTH AVENUE	
CITY-STATE-ZIP	JONESBORO GA 30236	

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HART, PAUL	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-STATE-ZIP	TREVOSE PA 19053-6693	

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-STATE-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-STATE-ZIP	CONROE, TX 77303-1606	

3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		

4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		

5.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEORGE M. AMATO	
5.3 STREET ADDRESS	4145-58TH STREET	
5.4 CITY-STATE-ZIP	WOODSIDE, NY 11377	

6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSEPH T. HARDIMAN	
6.3 STREET ADDRESS	801 TEAS ROAD	
6.4 CITY-STATE-ZIP	CONROE, TX 77303-1606	

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 if 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)