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Apr 29 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 # G72396 (6)
1. Corporation Name
CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.

Principal Place of Business
1630 PINE ISLAND RD.
CAPE CORAL FL 33901

Mailing Address
4126 NORLAND AVE.
BURNABY BC., CANADA V5G 3S8



3. Date Incorporated or Qualified 11/14/1983	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2364016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLODEK THOMAS F.	1.2 NAME	
STREET ADDRESS	230-13TH AVE. N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55413	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOBECK RONALD	2.2 NAME	
STREET ADDRESS	11524 MAHOGANY RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MEYERS FL 33913	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN RAYMOND L.	3.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	3.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN PETER S.	4.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT GARY L.	5.2 NAME	ST
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	5.3 STREET ADDRESS	Rollings, Gregory K.
CITY-ST-ZIP	COVINGTON KY 41011	5.4 CITY-ST-ZIP	681 North Avenue
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	Jonesboro, GA 30236
NAME	SWANSON RICK	6.2 NAME	
STREET ADDRESS	12540 WOODTIMBER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: [Signature]

4/22/97

(604) 293-6425

CR2E034 (9/96)