

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G72396** (6)  
1. Corporation Name  
**CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.**

Principal Place of Business <b>1630 PINE ISLAND RD. CAPE CORAL FL 33991</b>	Mailing Address <b>4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/14/1983</b>	
4. FEI Number <b>59-2364016</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>DV</b>	<b>GLODEX THOMAS F.</b>	<b>230-13TH AVE. N.E. MINNEAPOLIS MN 55413</b>		<b>DP</b>		
			<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>P</b>	<b>FLOBECK RONALD</b>	<b>11524 MAHOGANY RUN FORT MEYERS FL 33913</b>		<b>VP</b>	<b>JEFFREY L. CASHNER</b>	<b>801 TEAS ROAD CONROE, TX 77303</b>
			<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>D</b>	<b>LOEWEN RAYMOND L.</b>	<b>4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> DELETE				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<b>DAS</b>	<b>HYNDMAN PETER S.</b>	<b>4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> DELETE				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<b>ST</b>	<b>ROLLINGS, GREGORY K</b>	<b>681 NORTH AVE. JONESBORO GA</b>			<b>20000246919E</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> DELETE			<b>-03/26/98--01057--002</b>	
						<b>***150.00</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	<b>AS</b>	<b>SWANSON RICK</b>	<b>12540 WOODTIMBER LANE FORT MYERS FL 33913</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> DELETE				

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.

Peter S. Hyndman 03/20/98 (604) 299-9321

CR2E034 (10/97)