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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G72396 1. Corporation Name CORAL RIDGE FUNERAL HOME AND CEMETERY, INC.			
Principal Place of Business 1630 PINE ISLAND RD. CAPE CORAL FL 33991		Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 11/14/1983		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	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 TITLE DP <input checked="" type="checkbox"/> DELETE NAME GLODEK THOMAS F. STREET ADDRESS 230-13TH AVE. N.E. CITY-ST-ZIP MINNEAPOLIS MN 55413 TITLE VP <input type="checkbox"/> DELETE NAME CASHNER, JEFFREY L. STREET ADDRESS 801 TEAS RD. CITY-ST-ZIP CONROE TX 77303 TITLE D <input checked="" type="checkbox"/> DELETE NAME LOEWEN RAYMOND L. STREET ADDRESS 4126 NORLAND AVE. CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 TITLE DAS <input type="checkbox"/> DELETE NAME HYNDMAN PETER S. STREET ADDRESS 4126 NORLAND AVE. CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 TITLE ST <input checked="" type="checkbox"/> DELETE NAME ROLLINGS, GREGORY K STREET ADDRESS 681 NORTH AVE. CITY-ST-ZIP JONESBORO GA TITLE AS <input checked="" type="checkbox"/> DELETE NAME SWANSON RICK STREET ADDRESS 12540 WOODTIMBER LANE CITY-ST-ZIP FORT MYERS FL 33913			
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 P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SEAN M. GILCHRIST 3.3 STREET ADDRESS 801 TEAS ROAD 3.4 CITY-ST-ZIP CONROE, TX 77303-1606 4.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME PETER B. GRAY 4.3 STREET ADDRESS 3190 TREMONT AVENUE 4.4 CITY-ST-ZIP TREVOSE, PA 19053 5.1 TITLE S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME GEORGE M. AMATO 5.3 STREET ADDRESS 4148-58TH STREET 5.4 CITY-ST-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-ST-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)

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