

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H16223** (0)

1. Corporation Name

ALPHA & OMEGA CREMATION SOCIETY, INC.



Principal Place of Business

**425-A WEST DANIA BEACH BLVD.
DANIA FL 33004**

Mailing Address

**P O BOX 1816
DANIA FL 33004
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ANDREW SERVICE CORP. OF FLORIDA
3000 MIAMI CENTER, 100 CHOPIN PLAZA
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/08/1984

3a. Date of Last Report

03/21/1995

4. FEI Number

59-2436709

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

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 607.1503, 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. If every agent of the corporation as registered agent, I am familiar with, and accept the only means of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent, or the registered agent's authorized representative

Signature of the officer or director of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 NAME

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 NAME

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 NAME

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 NAME

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 NAME

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

7 NAME

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

8 NAME

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 business administrator 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

813-351-7458

CR2034 (12/95)