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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MEN # H1622 A & OMEGA CREMATION S	` '						
Principal Plac	e of Business	Mailing Address				i ranimii arat tibia anija liain tibib titi niait hikil	Atan Atan I	HEIL BIDLE SOAL
425-A WEST DANIA BEACH BLVD. Dania fl 33004		P O BOX 1816 Dania Fl 33004 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
Odrojnot G	Plane of Rusiness	2a. Mailing Address				<b>08/08/1984</b> 4. FEI Number		Saaliad Can
2. Principal Place of Business		26 26				59-2436709	-	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>ا</b>	<del></del>	Additional		
22		27				5. Certificate of Status Desired		Pequired
City & Stat	е	City & State				6. Election Campaign Financing		May Be
23		28	<del></del>			Trust Fund Contribution		d to Fees
Zip 24	Country	Zip <b>29</b>	30 Cou	шцгу		8. This corporation owes or has paid the curr Personal Property Tax due June 30.		ntangible No
24	g. Name and Address of Curre		130			10. Name and Address of New Registered		NO MIN
ΔN	IDREW SERVICE CORP. OF FLO	<del></del>		81	Name			
	00 MIAMI CENTER, 100 CHOPI			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131			'		Street Addi	ress (F.O. DOX Number is Not Acceptable)		
				83				
				84	City		85 Zip	Code
		<u> </u>				FL poration submits this statement for the purpose of		
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature typed or printed name of registered at	e of Florida. Such change was gations of, Section 607.0505, F	authorize Iorida Stat	d by utes	the corporat	tion's board of directors. I hereby accept the appointed when reinstating)  OATE.	ointment a	s registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE					Change	Addition
NAME	NIXON, MARILYN A.		1.2 N/	ME				
STREET ADDRESS	36181 E LAKE RD #188		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			1Y-S1	r-zip			10000
TITLE	VP DELETÉ			2.1 TITLE			Change	Addition
NAME CTREET ADDRESS	NIXON, JERROLD R. 500 NE 2ND APT 419			2.2 NAME 2.3 STREE1 ADDRESS				
STREET ADDRESS	DANIA FL		1	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP				f
CITY-ST-ZIP TITLE	STD DELETE			3.17/1LE			Change	☐ Addition
NAME	INMAN, ROBERT J.		3.2 N/				•	
STREET ADDRESS	10208 SEMINOLE ISL DR		3.3 \$1	REFT	ADDRESS			
CITY-ST-ZIP	LARGO FL		3.4. C		1			
TITLE	<del></del>	DELETE	4.1 10	LE			☐ Change	Addition
NAME			4. 2 N	AME	1			
STREET ADDRESS			4.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			4 4 C		I-ZIP			
TITLE		☐ DELETE	5.1 10				Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	· _ · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CI		- ZIP		Change	Addition
TITLE		L OLLLE	61 TII	ψE.	į		manac	LI AGOIRON

6.4 CITY - ST - ZIP 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 chapted, or on an officer or officer

6.3 STREET ADDRESS

STREET ADDRESS

**FILED** 

Feb 05 1998 8:00am

Secretary of State