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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

D	OCUMENT	#	.153472
1.	Corporation Name		000 11 2

PALM BE	EACH FUNERAL SERVICES,	INC.	•								
Principal Place	e of Business	М	lailing Address		_				il Bit binit Albit A	INTERNATIONS	
410 B WHITNEY AVE LANTANA FL 33462 US  410 B WHITNEY AVE LANTANA FL 33462 US							DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE	-		
								01/20/1987		}	
2. Principal Pl	ace of Business	2a	, Mailing Address		_			4. FEI Number	Apı	plied For	
21		26	. •					65-0100931	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5_Certifcate of Status Desired	\$8.75 A	I			
22   27     City & State   City & State				_			6. Election Campaign Financing	\$5.00	May Re		
23		28						Trust Fund Contribution	Added to		
Zip	Country		<b>Z</b> ip	Coui	ntry			This corporation owes the current year Interpretation     Personal Property Tax.		□No	
24	25	29		30				10. Name and Address of New Registered			
1	9. Name and Address of Current	Regu	stered Agent		81	Nar	ne	To, Italie and Addition of New Hogisteria	<u> </u>		
	ENDER, JOEL R. SE 11 COURT				82	Stre	eet Addre	ess (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33316				83						
FI. DAUDENDALE FE 33310					84	City	,		85 Zip C	Code	
								FL   FL   FL   FL   FL   FL   FL   FL			
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.									gistered		
SIGNATURE								(when reinstating) DATE		\	
40	Signature, typed or printed name of registered agent OFFICERS ANI			Registered 13.	Agen	it signat	ure required	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	
12.	P	ואוט כ	□ DELETE	1.1 717	П.F.			ADDITIONAL TO THE TOTAL TO	Change	Addition	
NAME	r Knapik, john		<b>—</b> • • • • •	1.2 NA						]	
STREET ADDRESS				1.3 STREET ADORESS		ESS			1		
CITY-ST-ZIP			1.4 CI								
TITLE	\$		DELETE	2.1 TIT	_				Change	☐ Addition	
NAME	KNAPIK, GLORIA			2.2 NA	ME						
STREET ADDRESS	57 CAYUGA ROAD, SEA RANC	н та	KES	1		ADDRI	ESS			1	
-CITY-ST-ZIP	FT. LAUDERDALE FL 33308	-		- 2:4 C				and the second second second			
TITLE	THE STODE OF THE STORY		☐ DELETE	3.1 111	_				Change	☐ Addition	
NAME				3.2 NA	ME			•		ĺ	
STREET ADDRESS	l I			3.3 ST	REET	ADOR	ESS				
CITY-ST-ZIP				3.4 CI							
TITLE	LE □ DELETE 4.1 TI		ΓLE			•	Change	☐ Addition			
NAME	YAME 4.2 N		AME					İ			
STREET ADDRESS				4.3 ST	REET	ADDR	ESS				
CITY-ST-ZIP				4.4 CF	TY-\$1	T-ZIP					
TITLE			☐ DELETE	5.1 TI					Change	Addition )	
NAME				5.2 NA			-				
STREET ADDRESS				5.3 ST	REE!	ADDR	ESS				
CITY-ST-ZIP				5.4 CI		T- ZIP					
TITLE			☐ DELETE	6.1 TIT				•	☐ Change	Addition	
NAME				6.2 NA							
STREET ADDRESS				6.3 ST	REET	FADDR	ESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

561-582-2665