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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # J65460 (4)

1. Corporation Name
FUNERAL SERVICES ACQUISITION GROUP, INC.

Principal Place of Business
3100 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308
US

Mailing Address
4126 NORLAND AVENUE
BURNABY, B.C. CANADA V5G3S8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1987

4. FEI Number: 59-2803276 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 ____
Suite, Apt #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

CT 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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	AS	☐ Change ☒ Addition
NAME	MILLER, LAWRENCE		1.2 NAME	PAUL WAIMBERG	
STREET ADDRESS	3190 TREMONT AVENUE		1.3 STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053		1.4 CITY-ST-ZIP	TREVOSE, PA 19053	
TITLE	ST	☒ DELETE	2.1 TITLE	ST	☐ Change ☒ Addition
NAME	BIRCH, TIMOTHY A		2.2 NAME	DOUGLAS I. KINZER	
STREET ADDRESS	800-50 E RIVERCENTER BLVD		2.3 STREET ADDRESS	160-1895 WEST COMMERCIAL BLVD.,	
CITY-ST-ZIP	COVINGTON KY		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHANE, WILLIAM B		3.2 NAME		
STREET ADDRESS	3190 TREMONT AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TREVOSE PA 19053		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MATHEWES, J.C. OGIER		4.2 NAME		
STREET ADDRESS	3100 CAPITAL CIRCLE, NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	VAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, PETER		5.2 NAME		
STREET ADDRESS	3190 TREMONT AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TREVOSE PA 19053		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HYNDMAN, PETER S		6.2 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8		6.4 CITY-ST-ZIP		

-06/18/98-01017-008
****400.00

-06/18/98-01017-007
****150.00

CR2E034 (10/97)

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.