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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 # J65460

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MILLER, LAWRENCE	1.2 NAME	PAUL WAGLER
STREET ADDRESS	3190 TREMONT AVENUE	1.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-STATE-ZIP	TREVOSE PA 19053	1.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8
TITLE	AS	2.1 TITLE	P
NAME	WAIMBERG, PAUL	2.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS	3190 TREMONT AVENUE	2.3 STREET ADDRESS	801 TEAS ROAD
CITY-STATE-ZIP	TREVOSE PA 19053	2.4 CITY-STATE-ZIP	CONROE, TX 77303-1606
TITLE	ST	3.1 TITLE	ST
NAME	KINZER, DOUGLAS I	3.2 NAME	GEORGE M. AMATO
STREET ADDRESS	160-1895 WEST COMMERCIAL BKVD	3.3 STREET ADDRESS	4145-58TH STREET
CITY-STATE-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-STATE-ZIP	WOODSIDE, NY 11377
TITLE	VPD	4.1 TITLE	VP
NAME	MATHEWES, J.C. OGIER	4.2 NAME	
STREET ADDRESS	3100 CAPITAL CIRCLE N.E.	4.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-STATE-ZIP	TALLAHASSEE FL 32308	4.4 CITY-STATE-ZIP	TREVOSE, PA 19053
TITLE	VAS	5.1 TITLE	VP
NAME	GRAY, PETER	5.2 NAME	
STREET ADDRESS	3190 TREMONT AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	TREVOSE PA 19053	5.4 CITY-STATE-ZIP	
TITLE	AS	6.1 TITLE	DAS
NAME	HYNDMAN, PETER S	6.2 NAME	
STREET ADDRESS	4126 NORLAND AVENUE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BURNABY, B.C. CANADA V5G3S8	6.4 CITY-STATE-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 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)