

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 03 1997 8:00 am
Secretary of State

DOCUMENT # L07955 (2)

1. Corporation Name
GIBALTAR MAUSOLEUM OF FLORIDA, INC.

Principal Place of Business
2323 W BRANDON BLVD.
BRANDON FL 33511
US

Mailing Address
1929 ALLEN PKWY
DEPT 2934
HOUSTON TX 77019-2507
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/08/1989	03/06/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-1276229	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORP SYSTEM 1201 HAYS ST STE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: 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	PD
NAME	GARRISON, J DANIEL	1.2 NAME	TIMOTHY J. CLAIBORNE
STREET ADDRESS	1929 ALLEN PKWY	1.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE	VD	2.1 TITLE	V
NAME	BANGO, FRANK	2.2 NAME	FRANK BANGO
STREET ADDRESS	1929 ALLEN PKWY	2.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE	VD	3.1 TITLE	V
NAME	POYNTER, EARNEST E	3.2 NAME	RICHARD A. CHESLER
STREET ADDRESS	1929 ALLEN PKWY	3.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019
TITLE	STD	4.1 TITLE	
NAME	GOFF, JOAN B	4.2 NAME	
STREET ADDRESS	1929 ALLEN PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOSUTON TX	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V
NAME		5.2 NAME	KENNETH W. CONKLIN
STREET ADDRESS		5.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOUSTON TEXAS 77019
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	MARY JANE FRAZIER
STREET ADDRESS		6.3 STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019

14. I do 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. Block 13 if changed, with an attachment with an address.

SIGNATURE: Joan B. Goff JOAN B. GOFF SECRETARY 1/9/97 (713) 525-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)