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

DOCUMENT # L61882 (1) JOSEPHINE'S MEMORIAL PROPERTIES, INC.																		
Principal Place of Business % ELSIE R. GUNN						Mailing Address * ELSIE R. GUNN 6111 RUSSELL ST.						- - - - - - - -	1 EMPLO DUCT	11 0 14 1015	OFMIN BURNE A		 	
	1 RUSSELL JPA FL 3361					11 KUSSELL MPA FL 336						ł						
												3. Date incorporated or Q	ualified		ate of La		port	7
2. Principal Place of Business					120	2a. Mailing Address						03/27/1990 4. FEI Number		02/	<u> 23/199</u>	-	r - 1 =	-
21	riincipai ri	riace of business			F	26						59-3005224				+	lied For Applicable	┨
-11	Suite, Apit	it #, etc			1201	Suite, Apt. #, etc.									\$8.7		ditional	1
22					27	27						5. Certificate of Status De	BIred	للا			uired	
	City & State	/ & State			ļ,	City & State						6. Election Campaign Fina	_	_			lay Be	
23	7.n			.hr.s	28	Zip	**	T	ue ben	·		Trust Fund Contribution					Fees	-
24	Zφ	Country 25			20	29 30			Country			8. This corporation has liability for intangible tax Florida Statutes						
24		9. Name		ress of Curr		stered Agen	ıt	1901	Ţ			10. Name and Address of						1
	GUN	N, ELSIE F	₹						81	Name					·			7
		RUSSELL							82	Street	Addre	ess (P.O. Box Number is Not a	Acceptab	le)	,			┥
	TAM	PA FL 336																
[83									
									84	City					85	Zip C	ode	1
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11	office or re agent I a	to the provis egistered aç m familiar w	gent, or bo ith, and a	oth, in the Sta coept the obl	ouz and t ite of Flori igations c	ida. Such ch of, Section 60	orida Statu lange was 07.0505, F	authorize Iorida Sta	d by	the corp	corpc	pration submits this statement on's board of directors. I here	by accep	urpose c t the app	oolnimen	ng its Las re	registered egistered	
SIG	GNATURE	Skinstone lyner	for puried na	me of registered	agent and title	e d applicable	(NO	TE: Register	ed Ane	nl signature	require	d when reinstating)		DATE				
12				OFFICERS A				13.				ADDITIONS/CHANGES 1	O OFFIC		DIREC	ORS	IN 12	Í
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14. I do hereby certily 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 op an attachment with an address.

FILED

Apr 28 1997 8:00am

Secretary of State