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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M47863 (9)

DAWSON MONUMENT COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



1141 LAKE CLARKE DRIVE 1141 LAKE CLARKE DRIVE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 12-5927700 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status DesIred Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOUSTON, PHILLIP C., ESQ. 1645 PALM LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 450 83 W. PALM BEACH FL 33401 Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.

SIGNATURE DELETE 1.1 TITLE Change Addition TITLE NAME DAWSON, WILLIAM H. 1,2 NAME 1141 LAKE CLARKE DR. STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE DAWSON, SYLVIA F. NAME 2.2 NAME 1141 LAKE CLARKE DR. STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4,1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5,3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Channe Addition TITLE 6.1 TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-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 on 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 on 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 on the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of 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 on the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

REWITHAN H. DANSO- 1-10.88 SE1-535 2773