

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M65301 (7)

1. Corporation Name
DORSEY FUNERAL HOME, INC.

Principal Place of Business
3525 S CONGRESS AVE
LAKE WORTH FL 33461
US

Mailing Address
1829 ALLEN PARKWAY AVENUE
9TH FLOOR DEPT 2834
HOUSTON TX 77019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2869529	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	CLAUBORNE, TIMOTHY	<input type="checkbox"/> DELETE
NAME		DPT 2834 9TH FL 1829 ALLEN PKWY	
STREET ADDRESS		HOUSTON TX 77019	
CITY - ST - ZIP			
TITLE	V	BANGO, FRANK	<input type="checkbox"/> DELETE
NAME		8350 N.W. 52ND TERRACE #200	
STREET ADDRESS		MIAMI FL 33166	
CITY - ST - ZIP			
TITLE	V	CHESLER, RICHARD A	<input type="checkbox"/> DELETE
NAME		DPT 2834 9TH FL 1829 ALLEN PKWY	
STREET ADDRESS		HOUSTON TX 77019	
CITY - ST - ZIP			
TITLE	STD	GOFF, JOAN B	<input type="checkbox"/> DELETE
NAME		1829 ALLEN PARKWAY	
STREET ADDRESS		HOUSTON TX 77019	
CITY - ST - ZIP			
TITLE	V	CONKLIN, KENNETH W	<input type="checkbox"/> DELETE
NAME		DEPT 2834 9TH FLOOR 1829 ALLEN PARKWAY	
STREET ADDRESS		HOUSTON TX 77019	
CITY - ST - ZIP			
TITLE	SD	FRAZIER, MARY JANE	<input type="checkbox"/> DELETE
NAME		DPT 2834 9TH FL 1292 ALLEN PKWY	
STREET ADDRESS		HOUSTON TX 77019	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK BANGO	
1.3 STREET ADDRESS	1829 ALLEN PARKWAY, 9TH FL	
1.4 CITY - ST - ZIP	HOUSTON TX 77019	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENNETH W. CONKLIN	
2.3 STREET ADDRESS	1829 ALLEN PARKWAY, 9TH FL	
2.4 CITY - ST - ZIP	HOUSTON, TX 77019	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TIMOTHY J. CLAIBORNE	
3.3 STREET ADDRESS	1829 ALLEN PARKWAY, 9TH FL	
3.4 CITY - ST - ZIP	HOUSTON, TX 77019	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUZANNE DINEFF	
5.3 STREET ADDRESS	1829 ALLEN PARKWAY, 9TH FL	
5.4 CITY - ST - ZIP	HOUSTON, TX 77019	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LISA M. NEWBURN	
6.3 STREET ADDRESS	1829 ALLEN PARKWAY, 9TH FL	
6.4 CITY - ST - ZIP	HOUSTON, TX 77019	

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.

SIGNATURE:

JOAN B. GOFF/SECRETARY

712/522-5741

CR2E034 (10/97)