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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M76971

(4)

1. Corporation Name

SINAI FUNERAL HOME, INC.

Principal Place of Business

111 SKOKIE BOULEVARD
WILMETTE IL 60091
US

Mailing Address

4126 NORLAND AVE.
BURNABY BC., CANADA V5G 3S8

3. Date Incorporated or Qualified

04/19/1988

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

36-3590855

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent's signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE C
NAME WEINSTEIN, JOEL W.
STREET ADDRESS 111 SKOKIE BLVD.
CITY-ST-ZIP WILMETTE IL 60091

TITLE DCEO ☐ DELETE

NAME CUTLER, NORMAN
STREET ADDRESS 111 SKOKIE BLVD.
CITY-ST-ZIP WILMETTE IL 60091

TITLE D ☐ DELETE

NAME LOEWEN, RAYMOND L.
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE DAS ☐ DELETE

NAME HYNDMAN, PETER S.
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE P ☐ DELETE

NAME WEINSTEIN, ROBERT A.
STREET ADDRESS 335 W. DUNDEE RD., #202
CITY-ST-ZIP BUFFALO GROVE IL 60089-3545

TITLE ST ☒ DELETE

NAME WRIGHT, GARY L.
STREET ADDRESS 800-50 E. RIVERCENTER BLVD.
CITY-ST-ZIP COVINGTON KY 41011

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST

Rollings, Gregory K.
681 North Avenue
Jonesboro, GA 30236

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 registered agent 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:

SIGNATURE: [Signature]

4/22/97

(604) 293-6425

CR2E034 (9/96)