

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 044 ***150.00

DOCUMENT # M76971

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1988

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

No 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 owes the current year Intangible
Personal Property Tax. ☐ 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE
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 ROLLINGS, GREGORY K
STREET ADDRESS 681 NORTH AVE
CITY-ST-ZIP JONESBORO GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME PAUL WAGLER
1.3 STREET ADDRESS 4126 NORLAND AVENUE
1.4 CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8

2.1 TITLE CEO ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME JEFFREY L. CASHNER
3.3 STREET ADDRESS 801 TEAS ROAD
3.4 CITY-ST-ZIP CONROE, TX 77303

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME SEAN M. GILCHRIST
4.3 STREET ADDRESS 801 TEAS ROAD
4.4 CITY-ST-ZIP CONROE, TX 77303

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 24100 NORTH HIGHWAY 45
5.4 CITY-ST-ZIP VERNON HILLS, IL 60061-3180

6.1 TITLE ST ☐ Change ☒ Addition
6.2 NAME GEORGE M. AMATO
6.3 STREET ADDRESS 4145-58TH STREET
6.4 CITY-ST-ZIP WOODSIDE, NY 11377

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)