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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M89212

1. Corporation Name
MOUNT NEBO CHAPELS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5900 SW 77th AVENUE 22 Suite, Apt. #, etc. 23 City & State: KENDALL, FL 24 Zip: 33143 25 Country: USA	2a. Mailing Address 26 4126 NORLAND AVENUE 27 Suite, Apt. #, etc. 28 City & State: BURNABY, B.C. 29 Zip: V5G 3S8 30 Country: CANADA

3. Date Incorporated or Qualified: 07/12/88

4. FEI Number: 36-3592246 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT 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 _____ (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT A. WEINSTEIN		1.2 NAME		
STREET ADDRESS	355 W. DUNDEE ROAD, SUITE 202		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUFFALO GROVE, IL 60089		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JEFFREY L. CASHNER		2.2 NAME		
STREET ADDRESS	801 TEAS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORROE, TX 77303		2.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN CUTLER		3.2 NAME		
STREET ADDRESS	111 SKOKIE BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE, IL 60091		3.4 CITY-ST-ZIP		
TITLE	S/T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY K. ROLLINGS		4.2 NAME		
STREET ADDRESS	681 NORTH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JONESBORO, GA 30236		4.4 CITY-ST-ZIP		
TITLE	DAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETER S. HYNDMAN		5.2 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RAYMOND L. LOEWEN		6.2 NAME	100002509811	
STREET ADDRESS	4126 NORLAND AVENUE		6.3 STREET ADDRESS	-05/04/98--01088--016	
CITY-ST-ZIP	BURNABY, B.C. V5G 3S8		6.4 CITY-ST-ZIP	***150.00	

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 added or deleted with an address.

SIGNATURE: PETER S. HYNDMAN 04/23/98 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E034 (10/97)