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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M97341 (5)**

1. Corporation Name

STAR OF DAVID MEMORIAL GARDENS, INC.

Principal Place of Business

**111 SKOKIE BOULEVARD
WILMETTE IL 60091
US**

Mailing Address

**C/O ARTHUR J. GROSSBERG
3201 NW 72ND AVE.
HOLLYWOOD FL 33024-2406
US**



3. Date Incorporated or Qualified

09/06/1988

3a. Date of Last Report

04/03/1995

4. FEI Number

36-3602039

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

2. Principal Place of Business

21 111 SKOKIE BLVD.

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 4126 NORLAND AVENUE

Suite, Apt. #, etc.

City & State

28 BURNABY, B.C.

Zip

29 V5G 3S8

Country

30

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)

800001794778

-04/25/96--01071--027

84 City

*****200.00**

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 ☐ DELETE

NAME **DPT
WEINSTEIN, JOEL W.**
STREET ADDRESS **111 SKOKIE BLVD.**
CITY-ST-ZIP **WILMETTE IL**

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **AS
COHN, MARVIN**
STREET ADDRESS **55 EAST MONROE STREET**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☒ DELETE

NAME **AS
MCLANEY, MELISSA L**
STREET ADDRESS **111 SKOKIE BOULEVARD**
CITY-ST-ZIP **WILMETTE IL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP = 60091

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D CEO ☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DAS ☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

P ☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WEINSTEIN, ROBERT A. ☐ Change ☒ Addition

335 W. DUNDEE ROAD, #202

BUFFALO GROVE, IL 60089-3545

ST ☐ Change ☒ Addition

WAIMBERG, PAUL

3190 TREMONT AVENUE

TREVOSE, PA 19053

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

PETER S. HYNDMAN MARCH 22, 1996 (604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

PROFIT CORPORATION ANNUAL REPORT
STAR OF DAVID MEMORIAL GARDENS, INC.

13.	CONTINUED:	ADDITION
7.1	TITLE:	V
7.2	NAME:	WEINSTEIN, MARK
7.3	STREET ADDRESS:	111 SKOKIE BOULEVARD
7.4	CITY-ST-ZIP:	WILMETTE, IL 60091
8.1	TITLE:	V
8.2	NAME:	GROSSBERG, ARTHUR
8.3	STREET ADDRESS:	3201 N. 72ND AVENUE
8.4	CITY-ST-ZIP:	HOLLYWOOD, FL. 33024
9.1	TITLE:	V
9.2	NAME:	SHANE, WILLIAM R.
9.3	STREET ADDRESS:	3190 TREMONT AVENUE
9.4	CITY-ST-ZIP:	TREVOSE, PA 19053
10.1	TITLE:	V
10.2	NAME:	LEE JR., KENNETH EDWARD
10.3	STREET ADDRESS:	3190 TREMONT AVENUE
10.4	CITY-ST-ZIP:	TREVOSE, PA 19053
11.1	TITLE:	V
11.2	NAME:	KINZER, DOUGLAS I.
11.3	STREET ADDRESS:	1895 WEST COMMERCIAL BLVD.
11.4	CITY-ST-ZIP:	FT. LAUDERDALE, FL. 33309
12.1	TITLE:	V
12.2	NAME:	MILLER, LAWRENCE
12.3	STREET ADDRESS:	3190 TREMONT AVENUE
12.4	CITY-ST-ZIP:	TREVOSE, PA 19053
13.1	TITLE:	AS
13.2	NAME:	BIRCH, TIMOTHY A.
13.3	STREET ADDRESS:	50 EAST RIVERCENTER BLVD.
13.4	CITY-ST-ZIP:	COVINGTON, KY 41011