

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 27 1997 8:00am  
Secretary of State

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

3. Date Incorporated or Qualified <b>09/06/1988</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>36-3602039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **VP** ☐ Change ☒ Addition  
1.2 NAME **Mark Weinstein**  
1.3 STREET ADDRESS **111 Skokie Blvd.**  
1.4 CITY-ST-ZIP **Wilmette, IL 66091**

TITLE **DCEO** ☐ DELETE  
NAME **CUTLER, NORMAN**  
STREET ADDRESS **111 SKOKIE BLVD.**  
CITY-ST-ZIP **WILMETTE IL 60091**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **Arthur Grossberg**  
2.3 STREET ADDRESS **3201 N. 72nd Avenue**  
2.4 CITY-ST-ZIP **Hollywood, FL 33024**

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

3.1 TITLE **VP** ☐ Change ☒ Addition  
3.2 NAME **Lawrence Miller**  
3.3 STREET ADDRESS **3190 Tremont Avenue**  
3.4 CITY-ST-ZIP **Trevoze, PA 19053-6693**

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

4.1 TITLE **VP** ☐ Change ☒ Addition  
4.2 NAME **William R. Shane**  
4.3 STREET ADDRESS **3190 Tremont Avenue**  
4.4 CITY-ST-ZIP **Trevoze, PA 19053-6693**

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

5.1 TITLE **VP** ☐ Change ☒ Addition  
5.2 NAME **Kenneth E. Lee, Jr.**  
5.3 STREET ADDRESS **3190 Tremont Avenue**  
5.4 CITY-ST-ZIP **Trevoze, PA 19053-6693**

TITLE **ST** ☐ DELETE  
NAME **WAIMBERG, PAUL**  
STREET ADDRESS **3190 TREMONT AVE.**  
CITY-ST-ZIP **TREVOSE PA 19053**

6.1 TITLE **VP** ☐ Change ☒ Addition  
6.2 NAME **Douglas I. Kinzer**  
6.3 STREET ADDRESS **1895 West Commercial Boulevard**  
6.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

(604) 299-9321

Daytime Phone #

0520118

CR2E034 (9/96)