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FILED  
Apr 07 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 # 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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1988

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

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

1.2 TITLE ☐ DELETE

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

1.3 TITLE ☐ DELETE

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

1.4 TITLE ☐ DELETE

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

1.5 TITLE ☐ DELETE

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

1.6 TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME ST  
GREGORY K. ROLLINGS  
12 NAME 681 NORTH AVENUE  
13 STREET ADDRESS JONESBORO, GA 30236  
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)