

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P10909 (0)**

1. Corporation Name

**INTERNATIONAL FUNERAL ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**860 AIRPORT FREEWAY W #600  
HURST TX 76054**

**860 AIRPORT FREEWAY W #600  
HURST TX 76054**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

**One East Fourth Street**

Suite, Apt. #, etc.

**8th Floor**

City & State

**Cincinnati, OH**

Zip

**45202**

Country

29

30

3. Date Incorporated or Qualified

**07/24/1986**

3a. Date of Last Report

**06/08/1995**

4. FEI Number

**76-0191284**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAKICH, ROBERT T</b>	
STREET ADDRESS	<b>640 LEE RD, SUITE 303</b>	
CITY-ST-ZIP	<b>WAYNE PA</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>STRUBING, SCOTT</b>	
STREET ADDRESS	<b>860 AIRPORT FREEWAY W #600</b>	
CITY-ST-ZIP	<b>HURST TX 76054</b>	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUCAS, JAMES N</b>	
STREET ADDRESS	<b>860 AIRPORT FREEWAY W #600</b>	
CITY-ST-ZIP	<b>HURST TX 76054</b>	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	<b>STREETMAN, JOHN A</b>	
STREET ADDRESS	<b>1201 ROBERTS BLVD., SUITE 223</b>	
CITY-ST-ZIP	<b>KENNESAW GA</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRMITZKY, RICHARD A</b>	
STREET ADDRESS	<b>440 MT RUSHMORE RD</b>	
CITY-ST-ZIP	<b>RAPID CITY SD</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>WADE, JOHN E</b>	
STREET ADDRESS	<b>4400 MT RUSHMORE RD</b>	
CITY-ST-ZIP	<b>RAPID CITY SD</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jeffrey S. Tate</b>	
1.3 STREET ADDRESS	<b>250 East Fifth Street</b>	
1.4 CITY-ST-ZIP	<b>Cincinnati, OH 45202</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mark F. Muething</b>	
3.3 STREET ADDRESS	<b>250 East Fifth Street</b>	
3.4 CITY-ST-ZIP	<b>Cincinnati, OH 45202</b>	
4.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>William J. Maney</b>	
5.3 STREET ADDRESS	<b>250 East Fifth Street</b>	
5.4 CITY-ST-ZIP	<b>Cincinnati, OH 45202</b>	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>440 Mt. Rushmore Road</b>	
6.4 CITY-ST-ZIP		

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 in change or addition in accordance with an address.

SIGNATURE:

**Mark F. Muething**

**4/22/96**

**513-579-2171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)