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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

860 AIRPORT FREEWAY W #600
HURST TX 76054

Mailing Address

ONE EAST FOURTH ST
8TH FLOOR
CINCINNATI OH 45202-3717
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/24/1986

3a. Date of Last Report

05/01/1996

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 ☒

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME TATE, JEFFREY S.
STREET ADDRESS 250 EAST FIFTH ST
CITY, ST, ZIP CINCINNATI OH

TITLE V ☐ DELETE

NAME MUEHING, MARK F
STREET ADDRESS 250 EAST FIFTH ST
CITY, ST, ZIP CINCINNATI OH

TITLE VC ☐ DELETE

NAME STREETMAN, JOHN A
STREET ADDRESS 1201 ROBERTS BLVD., SUITE 223
CITY, ST, ZIP KENNESAW GA

TITLE T ☐ DELETE

NAME WILLIAM J MANEY
STREET ADDRESS 250 EAST FIFTH ST
CITY, ST, ZIP CINCINNATI OH

TITLE VP ☐ DELETE

NAME WADE, JOHN E
STREET ADDRESS 440 MT RUSHMORE RD
CITY, ST, ZIP RAPID CITY SD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Treasurer ☐ Change ☒ Addition

1.2 NAME Mischell, Thomas E.
1.3 STREET ADDRESS One East Fourth Street - 8th Floor
1.4 CITY, ST, ZIP Cincinnati, OH 45202

2.1 TITLE V/AS ☒ Change ☐ Addition

2.2 NAME Muehling, Mark F.
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Gaynor, William T.
4.3 STREET ADDRESS 440 Mt. Rushmore Road
4.4 CITY, ST, ZIP Rapid City SD 57701

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 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:

Thomas E. Mischell

INFLUENCE

Thomas E. Mischell
Assistant Treasurer 4/22/97

(513) 579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)