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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**FILED** May 12 1998 8:00am Secretary of State

	MENT # P1090 NAME NATIONAL FUNERAL ASSO	` '			1 MARINERI 181 MARI BARRO (BRIV ALTRIA M	ANI BIBNI BIBNI	arari Bibil bid	<b>415</b> 1  <b>/64</b>
Principal Place of Business  860 ARPORT FREEWAY W #600  HURST TX 76064		Mailing Address ONE EAST FOURTH ST BTH FLOOR						
		Cincinnati oh 45202 Us			DO NOT WRITI	E IN THIS S	PACE	
1		US			3. Date Incorporated or Qualified 07/24/1986			
2. Principal Place of Business		2a, Mailing Address	2a. Mailing Address		4. FEI Number		1 1	oplied For
21		26	<u>├</u>		76-0191284		<del> </del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
22		27	<u> </u>		C. Connecte of Grands Desired			equired
City & State		City & State			6. Election Campaign Financing	П		May Be
<b>23</b> Zip	Country		Country		Trust Fund Contribution	aid the cure		to Fees
24	25 29		30	. This corporation over or has paid th		_	e current year intangible  Yes X No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re		gent	
	CORPORATION SYSTEM		81	Name				
1200 S. PINE ISLAND ROAD			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
PLANTATION FL 33324								
			63					
			84	City		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the above-r	amed corr	poration submits this statement for the		chanoina i	ts registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was au	uthorized by the	ne corporat	ion's board of directors. I hereby acce	pt the appo	ointment as	registered
	machinal with, and accept the doing	gations of, Section oor toods, Flor	rua Statutes.					
SIGNATURE	Signature typed or printed name of registered as	grot and title if applicable (NOTE:	Registered Agent	signature requir	red when reinstating)	DATE		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TIFLE	TATE, JEFFREY S.	☐ DELETE	1.1 TITLE				X Change	☐ Addition
NAME CONTEX ADDOCCO	250 EAST FIFTH ST		1.2 NAME 1.3 STREET ADDRESS					Ì
STREET ADDRESS CITY-ST-ZIP	CINCINNATI OH		1.4 CITY+ST-ZIP					45202
TITLE	VAS	DELETE	2.1 TITLE	LIF -			x Change	Addition
NAME	MUEHING, MARK F		2 2 NAME		WETHING, MARK F.			
STREET ADDRESS	250 EAST FIFTH ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	CINCINNATI OH		2. 4 CITY - ST - ZIP					45202
TITLE	P CONCERNANT IOUNIA	☐ DELETE	3.1 TITLE				X Change	Addition
NAME	STREETMAN, JOHN A	TC 000	3.2 NAME	- }				ļ
STREET ADDRESS	1201 ROBERTS BLVD., SUIT KENNESAW GA	E 443	3.3 STREET AD					_
CITY-ST-ZIP	T T	DELETE	3.4. CITY-ST-	ZIP	· ————————————————————————————————————		x Change	30144 Addition
TITLE .	WILLIAM J MANEY	☐ DELETE	4.1 TITLE 4.2 NAME				PT Cusude	L.J. Auditroff
STREET ADDRESS	250 EAST FIFTH ST		4.2 NAME 4.3 STREET ADDRESS					
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP					45202
TITLE	VP	DELETE	5.1 TITLE				X Change	Addition
NAME	WADE, JOHN E		5.2 NAME					
STREET ADDRESS	440 MT RUSHMORE RD		5.3 STREET AD	DRESS				
CITY-ST-ZIP	RAPID CITY SD		5.4 CITY-ST-ZIP				<del></del>	57701
TITLE	AT AMECUELI THOMAS E	DELETE	61 TITLE	1		ļ	<b>X</b> Change	Addition
NAME	MISCHELL, THOMAS E 1 E 4TH ST 8TH FL		6.2 NAME					1
STREET ADDRESS	CINCINNATI OH		6.3 STREET AD	!				45202
CITY-ST-ZIP	SHORWIN OIL		6.4 CITY - ST - 2	MP				70202

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 corporaliso of 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 for the article 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 for the article 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 for the article 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 for the article 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 for the article 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 for the article empowered to execute this report as required by Chapter 607, Florida Statutes.

**SIGNATURE:** 

Assistant Treasurer

(513) 579-2171