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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P27177

(5)

NEPTUNE SOCIETY MANAGEMENT, INC.

FILED
May 23 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address  1725-W MASNOUL REVR RUPRANT 2A 1950-1839 US  US														
531 E. Oakland Park Blvd.									3	Date Incorporated or Qualified	3a. Date of	Last Re	port	
, –	Oakland Park, FL 33334									12/06/1989	05/01/1	996		
2. Principal Place of Business					2a. Mailing Address				4	I, FEI Number		<del></del>	lied For	
21	21				26					77-0154551 Not Appl				
Suite, Apt #, etc.				27 St	Suite, Apt. #, etc.				5	5. Certificate of Status Desired	□ <b>\$</b>	<b>8.75</b> Ac Fee Req		
23	City & State	6		28	City & State				6	Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> N Added to		
	Zip	Country Zip C			Cou	Country		В	3. This corporation has liability for i	ntangible tax i	ın <b>de</b> r s. 1	199.032,		
24	1	25 29 30				30				Florida Statutes Yes No				
9. Name and Address of Current Registered Agent									10	). Name and Address of New Re	gistered Ager	it		
ANDERSON, DAVID W. 2181 INDIAN ROCKS ROAD LARGO FL 34644							82	Name Street	Address (P.O. Box Number is Not Acceptable)					
GUING TE STOTT							83							
							84	City			FL B	Zip Ci	ode	
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 proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
H.	······	Signature, typed			·····	d Ape	n) signature	required wh	en reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COC AND DIE	ECTORS	IN 10		
	12.	OFFICERS AND DIRECTORS 13 PTD DELETE 11					ITLE					Change	Addition	
1						1	12 NAME						hand riveringing	
STREET ADDRESS WE AKANTED AVAILET						1			1721	W. Magnolia Blvd.				
DIMPARK OF							1.4 City+St-ZiP							
	CHTY+ST+ZPP TITLE	VD	N VA		DELETE	211	_	- ZIP				Change	Addition	

22 NAME

31 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

3.4. CITY-SY-ZIP

2 4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-SI-7IP

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 coloration of the coloration of the coloration of the papears in Block 12 or Block 13 if changed, or ch an attachness with an address.

SIGNATURE:

STARK, LINDA

W ORANGE NJ

SCHULMAN, JILL

**BURBANK CA** 

AHRENS, HARA

1721 W MAGNOLIA BLVD

BARNE, S PATRICIA

**BURBANK CA** 

1721 W MGNOLIA BLVD

**80 MAIN ST** 

NAME

THLE

TITLE NAME

TITLE

NAME

TITLE

STREET ACCRESS

STREET ADDRESS.

STREET ADDRESS

STREET ADDRESS

CITY - \$1-2IP

CITY - \$1- ZIP

CITY - \$1 - ZIP

CHY-ST-ZIP

NATURE AND TYPED OR PRINTED SAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

531 E. Oakland Park Blvd.

Oakland Park, FL 33334

CR2E034 (9/96)

Addition

\_\_\_ Addition

Addition

Addition

Change

X Change

Change

Change