FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 03 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 # **P93000001765 (5)**

1. Corporation Name
MEMORIAL PLANS, INC.

Principal Place of Business	Mailing Address
1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON TX 77019 US	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON TX 77019-2507 US

2. Principal Place of Business		2a. Mailing Address	
21	8350 NW 52nd Terrace	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 20	27	
City & State		City & State	
23	Miami, FL	28	
Zip / Country	24 33166 / 25	Zip / Country	29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/04/1993	03/18/1996
4. FEI Number	☐ Applied For ☐ Not Applicable
65-0379645	
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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	GARRISON, J. DANIEL		1.2 NAME	Frank Bango	
STREET ADDRESS	4500 HUGH HOWELL RD. STE. 740		1.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway	
CITY-ST-ZIP	TUCKER GA 30084		1.4 CITY-ST-ZIP	Houston, Texas 77019	
TITLE	DVP	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	POYNTER, EARNEST E		2.2 NAME	Cesar A. Sotolongo	
STREET ADDRESS	4400 N FEDERAL HWY 300		2.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway	
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP	Houston, Texas 77019	
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOFF, JOAN B		3.2 NAME		
STREET ADDRESS	1929 ALLEN PWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77019		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	BANGO, FRANK		4.2 NAME	Raul Planas	
STREET ADDRESS	8350 NW 53RD. TERR. STE. 200		4.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway	
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP	Houston, Texas 77019	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Timothy J. Claiborne	
STREET ADDRESS			5.3 STREET ADDRESS	DEpt 2934 9th Floor 1929 Allen Parkway	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Houston, Texas 77019	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	Mary Jane Frazier	
STREET ADDRESS			6.3 STREET ADDRESS	Dept 2934 9th Floor 1929 Allen Parkway	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Houston, Texas 77019	

CR2E034 (9/96)

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: Joan B. Goff Ms. Joan B. Goff 1/9/97 (713)525-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #