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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300001765 1. Corporation Name

MEMORIAL PLANS, INC.

8911

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90051 049 ***150.00



Principal Place of Business		Mailing Address				i (CECTICAL TIA FRICE CITIS GETST ABBIT GALST AFFIL BETAL TIEN TEAM BINDS BIN 1001.			
8350 NW 52 TERR 20 MIAMI FL 33166 US		1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON TX 77019 US							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
					01/04/1993				
2 Orincinal DI	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
⊢ '	ace of Busiliess	26				65-0379645		Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				_	\$8.7	5 Additional	
22	., 5.6.	27				5. Certifcate of Status Desired	Fee	e Required	
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be				
		28			Trust Fund Contribution Added to Fees				
Zip	Country Zip Cou			Country 8. This corporation owes the current year Intangible					
24	25	29	30					□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered A	gent		
				81	Name				
THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA STREET]	82	Street A	Address (P.O. Box Number is Not Acceptable)			
				Ц					
TALL	AHASSEE FL 32301			83					
			ļ	84	City	85 Zip Code			
						<u></u>	بلل		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the ai	bove Lbv	⊢named o	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	hangini tment a	j its registered s registered	
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Stati	utes.	00.p0	,			
SIGNATURE				_					
	Signature, typed or printed name of registered agen		E: Registered 13.	Agen	t signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS IN 12	
12.		ID DIRECTORS	1.1 111				Char		
MILE	PO FDANK	LA DELETE	1.1 11 1.2 NA		-	PRESIDENT JOSEPH A. BRANDENBURG 1929 ALLEN PKWY, 9TH FL	A		
NAME	BANGO, FRANK	DIGINI			ייייייייייייייייייייייייייייייייייייייי	1979 ALLEN PKWY, 9TH FL			
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN	PKWY			ADDRESS	HOUSTON TX 77019			
CITY-ST-ZIP	HOUSTON TX 77019	☐ DELETE	1.4 CF 2.1 TR		-ZIP	HUISTUM I'N TICH	Char	nge 🗆 Addition	
TITLE	VP							.g	
NAME	TIMOTHY J. CLAIBORNE			SIAT					
STREET ADDRESS	1929 ALLEN PKWY., 9TH FLOO	\ 0		AME	ADDDEGG				
CITY-ST-ZIP	LIGHTON TV TTAIN)R	2.3 ST	TREET	ADDRESS				
mrle	HOUSTON TX 77019	,	2.3 ST 2.4 C	IREET	j		Char	nge (X Addition	
	DST	OR DELETE	2.3 ST 2.4 C 3.1 TH	TREET	T- ZIP	TREASURER	Char	nge [XAddition	
NAME	DST GOFF, JOAN B	,	2.3 ST 2.4 Cl 3.1 TH 3.2 NA	TREET STY-5 TLE AME	T- ZIP	TREASURER JOHN H. LOHMAN JOHN H. LOHMAN	Char	nge [XAddition	
NAME STREET ADDRESS	DST GOFF, JOAN B 1929 ALLEN PWY.	,	2.3 ST 2.4 Cl 3.1 TII 3.2 NA 3.3 ST	TREET TLE AME TREET	T- ZIP	TREASURER JOHN H. LOHMAN 1929 ALLEN PARKWAY	Chai	nge [XAddition /	
NAME STREET ADDRESS CITY-ST-ZIP	DST GOFF, JOAN B 1929 ALLEN PWY. HOUSTON TX 77019	DELETE	2.3 ST 2.4 Cl 3.1 TII 3.2 NA 3.3 ST 3.4. Cl	TREET TLE AME TREET	T- ZIP	TREASURER JOHN H. LOHMAN 1929 ALLEN PARKWAY HOUSTON TZ 77019			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DST GOFF, JOAN B 1929 ALLEN PWY. HOUSTON TX 77019 VP	,	2.3 ST 2.4 CD 3.1 TH 3.2 NA 3.3 ST 3.4. CD 4.1 TH	TLE AME TREET STY-S TLE	T- ZIP	TREASURER JOHN H. LOHMAN 1929 ALLEN PARKWAY HOUSTON 72 77019	☐ Char		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	DST GOFF, JOAN B 1929 ALLEN PWY. HOUSTON TX 77019 VP KENNETH W. CONKLIN 1929 ALLEN PKWY., 9TH FLOO	DELETE	2.3 ST 2.4 Cl 3.1 TH 3.2 NA 3.3 ST 3.4. Cl 4.1 TH 4.2 NA 4.3 ST	TREET TLE AME TREET TLE TLE AME	T-ZIP ADDRESS T-ZIP ADDRESS	TREASURER JOHN H. LOHMAN 1929 ALLEN PARKWAY HOUSTONTX 77019			
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CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR

6.3 STREET ADDRESS