

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 29 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003132 (6)

1. Corporation Name

INDEPENDENT MORTUARY SERVICES INTERNATIONAL, INC



Principal Place of Business

Mailing Address

5750 SWIFT ROAD
SARASOTA FL 34231

5750 SWIFT ROAD
SARASOTA FL 34231-6214

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 22109

22 City & State

27 Suite, Apt. #, etc.
28 Sarasota, Florida

23 Zip Country

29 34276-5109 30 USA

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0380504

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TISHMAN, MARK L.
5750 SWIFT ROAD
SARASOTA FL 34231

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS
NAME TISHMAN, MARK L.
STREET ADDRESS 5750 SWIFT ROAD
CITY- ST- ZIP SARASOTA FL

☐ DELETE

1.1 TITLE DPT
1.2 NAME Tishman, Mark L.
1.3 STREET ADDRESS 5750 Swift Road
1.4 CITY- ST- ZIP Sarasota, FL 34231-6214

☒ Change

☐ Addition

TITLE DPT
NAME MARTIN, RICHARD P.
STREET ADDRESS 5750 SWIFT ROAD
CITY- ST- ZIP SARASOTA FL

☐ DELETE

2.1 TITLE DVS
2.2 NAME Martin, Richard P.
2.3 STREET ADDRESS 5750 Swift Road
2.4 CITY- ST- ZIP Sarasota, FL 34231-6214

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Tishman 4/28/97 941/923-2000

Date

Daytime Phone #

0423785

CR2E034 (9/96)