

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

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Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaupt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000003132 (6)**
1. Corporation Name
INDEPENDENT MORTUARY SERVICES INTERNATIONAL, INC



Principal Place of Business
**5750 SWIFT ROAD
SARASOTA FL 34231**

Mailing Address
**P.O. BOX 22109
SARASOTA FL 34276-5109**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1993	
21	5750 Swift Road	26	5750 Swift Road	4. FEI Number 65-0380504	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	Sarasota, Florida	28	Sarasota, Florida		
Zip	Country	Zip	Country		
24	34231-6214	29	USA		

9. Name and Address of Current Registered Agent

**TISHMAN, MARK L
5750 SWIFT ROAD
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	DPT	1.1 TITLE	DVS
NAME	TISHMAN, MARK L	1.2 NAME	Tishman, Mark L.
STREET ADDRESS	5750 SWIFT ROAD	1.3 STREET ADDRESS	2311 Siesta Drive
CITY-ST-ZIP	SARASOTA FL 34231-6214	1.4 CITY-ST-ZIP	Sarasota, FL 34239-5306
TITLE	DVS	2.1 TITLE	DPT
NAME	MARTIN, RICHARD P	2.2 NAME	Martin, Richard P.
STREET ADDRESS	5750 SWIFT ROAD	2.3 STREET ADDRESS	P.O. Box 17202
CITY-ST-ZIP	SARASOTA FL 34231-6214	2.4 CITY-ST-ZIP	Sarasota, Florida 34276-1204
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in an attachment with an address.

SIGNATURE:

Mark L. Tishman

February 7, 1998 (941) 951-2784

CP2034 (10/97)