


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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000011712 (5)

1. Corporation Name

BLASBERG MEMORIAL CHAPELS, INC.

Principal Place of Business

C/O MR. ARTHUR J. GROSSBERG  
3201 NORTH 72ND AVENUE  
HOLLYWOOD FL 33024

Mailing Address

4126 NORLAND AVE.  
BURNABY BC., CANADA V5G 3S8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1993

4. FEI Number

36-3876661

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME WEINSTEIN, JOEL W  
STREET ADDRESS 111 SKOKIE BLVD  
CITY-ST-ZIP WILMETTE IL 60091

TITLE DCEO ☐ DELETE

NAME CUTLER, NORMAN  
STREET ADDRESS 111 SKOKIE BLVD  
CITY-ST-ZIP WILMETTE IL 60091

TITLE D ☐ DELETE

NAME LOEWEN, RAYMOND L.  
STREET ADDRESS 4126 NORLAND AVE.  
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE DAS ☐ DELETE

NAME HYNDMAN, PETER S.  
STREET ADDRESS 4126 NORLAND AVE.  
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE P ☐ DELETE

NAME WEINSTEIN, ROBERT A.  
STREET ADDRESS 225 W. DUNDEE RD.  
CITY-ST-ZIP BUFFALO GROVE IL 60089-3545

TITLE ST ☐ DELETE

NAME ROLLINGS, GREGORY K  
STREET ADDRESS 681 NORTH AVE.  
CITY-ST-ZIP JONESBORO GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002469195  
-03/26/98--01057--005  
\*\*\*150.00

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.

SIGNATURE:

Peter S. Hyndman 03/20/98 (604) 299-9321

CR2E034 (1097)