


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

FILED
May 13 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 # 793000084637 1. Corporation Name A.C.MORRISON MEMORIAL FUNERAL HOME			
Principal Place of Business		Mailing Address	
Funeral Home P.O.Box 1111, Miami, Fla.33127		Funeral Home P.O.Box 1111, Miami, Fla.33127	
2. Principal Place of Business 21 3634 N.W.2nd.Ave. State Apt. # etc. 22 City & State 23 Miami, Fl.33127 Zip Country 24 Dade		2a. Mailing Address 26 P.O.Box 1111, Mia.Fl. State Apt. #, etc. 27 City & State 28 Miami, Fl. 33127 Zip Country 29 Dade	
3. Date Incorporated or Qualified 4/5/93		3a. Date of Last Report 4/5/93	
4. FEI Number 65-0403563		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent A.C.Morrison 3634 N.W. 2nd. Ave. Miami, Fl 33127	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
<input type="checkbox"/> DELETE Albert C. Morrison, President 3634 N.W. 2nd. Ave. Mia. Fl. 33127			
<input type="checkbox"/> DELETE Patricia Sweeting Morrison V/P 3634 N.W.2nd.Ave.Mia.Fl.			
<input type="checkbox"/> DELETE Secretary Katherell Rudine Morrison 2501 N.W.30th Terr. Ft.Lauderdale,Fl			
<input type="checkbox"/> DELETE Treasury Iva B. Eason 2501 N.W.30th. Terr. Ft. Laurdale,Fl.			
<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition Loma Salathiea Ashford 108 Watson Ave, Arcadia, Fl. (DELETE)			
<input type="checkbox"/> Change <input type="checkbox"/> Addition Lewis E. Eason 406 So. dade Ave., Arcadia, Fl (DELETE)			
<input type="checkbox"/> Change <input type="checkbox"/> Addition Carol A. Morrison 1993 N.W. 193rd. Terr. Miami, Fl. 33056 (DELETE)			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002187795 -05/22/97--01031--013 ***165.00 CS 5/13/97			
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, or on an attachment with an address.			
SIGNATURE: [Signature] A.C. MORRISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 27 April 97 (307) 573-9100 Date Daytime Phone #			

CR2E034 (9/96)