

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032599 (1)**

1. Corporation Name

JOSEPH B. COFER FUNERAL HOME, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 10931 NORTHEAST 6TH AVENUE MIAMI SHORES FL 33161	Mailing Address 4126 NORLAND AVENUE BURNABY BRITISH COLUMBIA, CANADA V5G 3S8 0C
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3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last Report 07/26/1994
4. FEI Number 65-0414395	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	LOEWEN, RAYMOND L	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4126 NORLAND AVENUE	1.2 NAME	
STREET ADDRESS	BURNABY B.C. V5G 3S8	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	000001467520
TITLE DA	HYNDMAN, PETER S	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	-04/28/95 --01006 Change 006
NAME	4126 NORLAND AVENUE	2.2 NAME	****200.00 ****200.00
STREET ADDRESS	BURNABY B.C. V5G 3S8	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE DVA	RUSSELL, ROBERT D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	200 NORTH FEDERAL HIGHWAY	3.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33062	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE P	LITHGOW, DONN	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10931 NORTHEAST 6TH AVENUE	4.2 NAME	
STREET ADDRESS	MIAMI SHORES FL 33161	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE ST	WRIGHT, GARY L	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	correction to address
NAME	800- 500 EAST RIVERCENTER BLVD.	5.2 NAME	800-50 ...
STREET ADDRESS	COVINGTON KY 41011	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	4/25/95 MST
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: _____ **Peter S. Hyndman** 4/12/95 (604) 299-9321