

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000032599 (1)**

1. Corporation Name

JOSEPH B. COFER FUNERAL HOME, INC.



Principal Place of Business 10931 NORTHEAST 6TH AVENUE MIAMI SHORES FL 33161	Mailing Address 4126 NORLAND AVENUE BURNABY BRITISH COLUMBIA, CANADA V5G 3S8 OC
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last Report 04/25/1995
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	

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY - ST - ZIP	BURNABY B.C. V5G 3S8	
TITLE	DA	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY - ST - ZIP	BURNABY B.C. V5G 3S8	
TITLE	DVA	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LITHGOW, DONN	
STREET ADDRESS	10931 NORTHEAST 6TH AVENUE	
CITY - ST - ZIP	MIAMI SHORES FL 33161	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WRIGHT, GARY L	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	
CITY - ST - ZIP	COVINGTON KY 41011	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	300001794713
3.1 TITLE	DVAS ***200.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	9999 NORTH EAST 13TH AVENUE
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	ZIP - 33138
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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. I am an attachment with an address.

SIGNATURE: **PETER S. HYNDMAN** MARCH 19, 1996 (604) 299-9321

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE

CR2E034 (12/95)

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