

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 OC
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3. Date Incorporated or Qualified
05/05/1993

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number
65-0414395

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

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DAS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY B.C. V5G 3S8	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33082	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LITHGOW, DONN	
STREET ADDRESS	9999 NE 13TH AVE.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ROLLINGS, GREGORY K	
STREET ADDRESS	681 NORTH AVE.	
CITY-ST-ZIP	JONESBORO GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFFREY L. CASHNER	
1.3 STREET ADDRESS	801 TEAS ROAD	
1.4 CITY-ST-ZIP	CONROE, TX 77303	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL HART	
2.3 STREET ADDRESS	3190 TREMONT AVENUE	
2.4 CITY-ST-ZIP	TREVOSE, PA 19053-6693	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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	900002470835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/27/98--01073--007	
6.3 STREET ADDRESS	***150.00	
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 on any attachment with an address.

SIGNATURE: _____ DATE: **03/20/98** (604) 299-9321

CR2E034 (10/97)