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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

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

DO NOT WRITE IN THIS SPACE

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

25

29

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY B.C. V5G 3S8

1.1 TITLE ☐ Change ☒ Addition

VP
NAME JEFFREY L. CASHNER
STREET ADDRESS 801 TEAS ROAD
CITY-ST-ZIP CONROE, TX 77303

TITLE ☐ DELETE

DAS
NAME HYNDMAN, PETER S
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY B.C. V5G 3S8

2.1 TITLE ☐ Change ☒ Addition

AS
NAME PAUL HART
STREET ADDRESS 3190 TREMONT AVENUE
CITY-ST-ZIP TREVOSE, PA 19053-6693

TITLE ☐ DELETE

DVAS
NAME RUSSELL, ROBERT D
STREET ADDRESS 200 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL 33062

3.1 TITLE ☒ Change ☐ Addition

DP

TITLE ☒ DELETE

P
NAME LITHGOW, DONN
STREET ADDRESS 9999 NE 13TH AVE.
CITY-ST-ZIP MIAMI SHORES FL 33138

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***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 (10/97)