

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000032599**

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**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **PAUL WAGLER**  
1.3 STREET ADDRESS **4126 NORLAND AVENUE**  
1.4 CITY-STATE-ZIP **BURNABY, B.C., CANADA V5G 3S8**

TITLE **DAS** ☐ DELETE  
NAME **HYNDMAN, PETER S**  
STREET ADDRESS **4126 NORLAND AVENUE**  
CITY-STATE-ZIP **BURNABY B.C. V5G 3S8**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **SEAN M. GILCHRIST**  
2.3 STREET ADDRESS **801 TEAS ROAD**  
2.4 CITY-STATE-ZIP **CONROE, TX 77303-1606**

TITLE **DP** ☐ DELETE  
NAME **RUSSELL, ROBERT D**  
STREET ADDRESS **200 NORTH FEDERAL HIGHWAY**  
CITY-STATE-ZIP **POMPAHO BEACH FL 33062**

3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **P**  
3.3 STREET ADDRESS **ST**  
3.4 CITY-STATE-ZIP **GEORGE M. AMATO**

TITLE **VP** ☐ DELETE  
NAME **CASHNER, JEFFREY L**  
STREET ADDRESS **801 TEAS ROAD**  
CITY-STATE-ZIP **CONROE TX 77303**

4.1 TITLE **P** ☒ Change ☐ Addition  
4.2 NAME **ST**  
4.3 STREET ADDRESS **GEORGE M. AMATO**  
4.4 CITY-STATE-ZIP **4145-58TH STREET**

TITLE **ST** ☒ DELETE  
NAME **ROLLINGS, GREGORY K**  
STREET ADDRESS **681 NORTH AVE.**  
CITY-STATE-ZIP **JONESBORO GA**

5.1 TITLE **ST** ☐ Change ☒ Addition  
5.2 NAME **GEORGE M. AMATO**  
5.3 STREET ADDRESS **4145-58TH STREET**  
5.4 CITY-STATE-ZIP **WOODSIDE, NY 11377**

TITLE **AS** ☒ DELETE  
NAME **HART, PAUL**  
STREET ADDRESS **3190 TREMONT AVENUE**  
CITY-STATE-ZIP **TREVOSE PA 19053-6693**

6.1 TITLE **AS** ☐ Change ☒ Addition  
6.2 NAME **JOSEPH T. HARDIMAN**  
6.3 STREET ADDRESS **801 TEAS ROAD**  
6.4 CITY-STATE-ZIP **CONROE, TX 77303-1606**

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 (changed), or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #