FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 JUL 20 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000081589

1. Corporate Name
Arctic Circle Enterprises, Inc.

Principal Place of Business	Mailing Address
1010 Tenth Ave. N. Suite 2 Lake Worth, FL 33460	1010 Tenth Ave. N. Suite 2 Lake Worth, FL 33460

DO NOT WRITE IN THIS SPACE

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) / County (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report:
4. FEI Number: 65-0497954 ☐ 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. The corporation has taxable, for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jussi K. Kivisto 1010 Tenth Avenue North Suite 2 Lake Worth, FL 33460	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: (For the new registered agent) (By the registered agent before changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition
NAME	Rauli Roine	12 NAME	
STREET ADDRESS	1010 Tenth Avenue North	13 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33460	14 CITY-ST-ZIP	
TITLE	D/S/T	21 TITLE	☐ Change ☐ Addition
NAME	Kai Gustafsson	22 NAME	
STREET ADDRESS	1010 Tenth Avenue North	23 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, FL 33460	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

7/20/95 RLS

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 added by this amendment with an address.

SIGNATURE: x Rauli Roine — Rauli Roine, Pres. — July 1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000081107

1. Corporation Name
ALL FAITHS CREMATORY, INC.

Principal Place of Business — Mailing Address

495 PISTOL RANGE ROAD
DELAND, FLORIDA 32720

3. Date Incorporated or Qualified: 11/30/93
3a. Date of Last Report: 3/94

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 59-3234044 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LOREN W. REYNOLDS
800 SO. NOVA ROAD, SUITE S
ORMOND BEACH, FLORIDA 32174

10. Name and Address of New Registered Agent

Name: Don T. Reynolds
Street Address (P.O. Box Number is Not Acceptable): 495 Pistol Range Rd.
City: Deland FL Zip Code: 32720

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] DATE: 7/5/95

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DON T. REYNOLDS
STREET ADDRESS	2367 ENTERPRISE-OSTEEN RD
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	SECRETARY
NAME	RISA E. REYNOLDS
STREET ADDRESS	324 JAMESTOWN DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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)(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: Don T. Reynolds — 5/11/95 — 904-736-9240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR