

WAP

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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085500 (4)

1. Corporation Name
LOEWEN ASSOCIATES, INC.



Principal Place of Business		Mailing Address	
632 DESOTO DR. CASSELBERRY FL 32707 4773 ARROWMOUNT PL. LAKE MARY, FL 32746-5102		P O BOX 952884 LAKE MARY FL 32785-2884 US	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
11/23/1994	01/26/1996
4. FLL Number	Applied For
59-3286483	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

LOEWEN, GEORGE H
632-DESOTO DR.
CASSELBERRY-FL-32707

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		DIRECTORS AND OFFICERS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	NAME	TITLE	13.	TITLE	Change Addition
	LOEWEN, GEORGE H		12 NAME		
	632-DESOTO DRIVE		13 STREET ADDRESS		
	CASSELBERRY FL 32707		14 CITY- ST- ZIP		
			15 TITLE	Change Addition	
			16 NAME		
			17 STREET ADDRESS		
			18 CITY- ST- ZIP	Change Addition	
			19 TITLE		
			20 NAME		
			21 STREET ADDRESS		
			22 CITY- ST- ZIP	Change Addition	
			23 TITLE		
			24 NAME		
			25 STREET ADDRESS		
			26 CITY- ST- ZIP	Change Addition	
			27 TITLE		
			28 NAME		
			29 STREET ADDRESS		
			30 CITY- ST- ZIP	Change Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included 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 registered agent 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 or both, or in the appropriate block of the form.

SIGNATURE: [Handwritten Signature] 3/13/97 11:00 AM 3/26/97

CP2E034 (9/96)