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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-S1-ZP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018748 (0)

FUNERAL DIRECTORS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 27161 ENCLAVE DR. 27161 ENCLAVE DR. BONITA SPIRNGS FL 34134-1611 **BONITA SPIRNGS FL 33923** 3. Date incorporated or Qualified 3a. Date of Last Report 03/06/1995 05/01/1996 2. Principa' Place of Business 2a. Mailing Address 4. FEI Number Applied For 62-1597493 26 Not Applicable 21 Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORTON, DAVID C 27161 ENCLAVE DR. 82 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPIRNGS FL 33923** 83 84 City Zip Code 85 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, typical or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.5 TITLE THILE ROSENWACKER, FRANK B E034 NAME 1.2 NAME 5527 CHEVIOT RD STREET ADDRESS 1.3 STREET ADDRESS **CINCINNATI OH 45247** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition **PCEO** 2.1 TITLE TITLE MORTON, DAVID C 2.2 NAME NAME 27161 ENCLAVE DR. 2.3 STREET ADDRESS STREET ADDRESS **BONITA SPIRNGS FL 33923** 2. 4 City-ST-ZIP C-TY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition THE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CHY-SI-2P DELETE Change Addition 5.1 TITLE TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP . 54 CITY-ST-ZIP □ DELETE Addition Change TITLE 61 TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.