FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
1996 MAY 10 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075046 (9)

1. Corporation Name
SCOTT FUNERAL HOME, INC.

Principal Place of Business
512 DEEN STREET
LAKE PLACID FL 33852

Mailing Address
512 DEEN STREET
LAKE PLACID FL 33852

3. Date Incorporated or Qualified: 09/28/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 4126 NORLAND AVENUE
Suite, Apt. #, etc. 27
City & State 28 BURNABY, B.C.
Zip 29 V5G 3S8 Country 30 CANADA

4. FEI Number — [X] 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 [ ] Yes [X] No

9. Name and Address of Current Registered Agent

C T 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 900001817249
-05/10/96--01102--011
84 City ****200.00 FL ****200.00 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: ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	[ ] Change [X] Addition
1.2 NAME	RUSSELL, ROBERT D.	
1.3 STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL.	
2.1 TITLE	D	[ ] Change [X] Addition
2.2 NAME	LOEWEN, RAYMOND L.	
2.3 STREET ADDRESS	4126 NORLAND AVENUE	
2.4 CITY-ST-ZIP	BURNABY, B.C., CANADA, V5G 3S8	
3.1 TITLE	DAS	[ ] Change [X] Addition
3.2 NAME	HYNDMAN, PETER S.	
3.3 STREET ADDRESS	4126 NORLAND AVENUE	
3.4 CITY-ST-ZIP	BURNABY, B.C., CANADA, V5G 3S8	
4.1 TITLE	ST	[ ] Change [X] Addition
4.2 NAME	WRIGHT, GARY L.	
4.3 STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	
4.4 CITY-ST-ZIP	COVINGTON, KY 41011	
5.1 TITLE	AS	[ ] Change [X] Addition
5.2 NAME	MACNAUGHTON, PAULA	
5.3 STREET ADDRESS	4126 NORLAND AVENUE	
5.4 CITY-ST-ZIP	BURNABY, B.C., CANADA, V5G 3S8	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/13/96

CR2E034 (12/95)

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)(k), 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 — MARCH 22, 1996 — (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #