

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**


**APPROVED AND FILED**

023 MAY 10 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/10/96--01102--022  
\*\*\*\*225.00 \*\*\*\*225.00

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P95000077891**  
1. Corporation Name  
**CARDWELL FUNERAL HOME, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address  
21 3571 RIDGEWOOD AVE. 26 4126 NORLAND AVENUE  
22 23 PORT ORANGE, FL. 27 28 BURNABY, B.C.  
24 32119 25 U.S.A. 29 V5G 3S8 30 CANADA

3. Date Incorporated or Qualified 3a. Date of Last Report  
10/11/95  
4. FEI Number Applied For  
58-2224109 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 has liability for intangible tax under s. 194.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL. 33324

10. Name and Address of New Registered Agent  
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 of type or printed name of registered agent and filer (Applicant) \_\_\_\_\_ Signature of Registered Agent (Signature of Registered Agent) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12. NAME	LOEWEN, RAYMOND L.
STREET ADDRESS		13. STREET ADDRESS	4126 NORLAND AVENUE
CITY, ST, ZIP		14. CITY, ST, ZIP	BURNABY, B.C., CANADA, V5G 3S8
TITLE	<input type="checkbox"/> DELETE	2. TITLE	DAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	HYNDMAN, PETER S.
STREET ADDRESS		23. STREET ADDRESS	4126 NORLAND AVENUE
CITY, ST, ZIP		24. CITY, ST, ZIP	BURNABY, B.C., CANADA, V5G 3S8
TITLE	<input type="checkbox"/> DELETE	3. TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	RUSSELL, ROBERT D.
STREET ADDRESS		33. STREET ADDRESS	200 NORTH FEDERAL HIGHWAY
CITY, ST, ZIP		34. CITY, ST, ZIP	POMPANO BEACH, FL. 33062
TITLE	<input type="checkbox"/> DELETE	4. TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	WRIGHT, GARY L.
STREET ADDRESS		43. STREET ADDRESS	800 - 50 EAST RIVERCENTER BLVD.
CITY, ST, ZIP		44. CITY, ST, ZIP	COVINGTON, KY. 41011
TITLE	<input type="checkbox"/> DELETE	5. TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	MACNAUGHTON, PAULA J.
STREET ADDRESS		53. STREET ADDRESS	4126 NORLAND AVENUE
CITY, ST, ZIP		54. CITY, ST, ZIP	BURNABY, B.C., CANADA, V5G 3S8
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 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, unchanged, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **PETER S. HYNDMAN** MARCH 19, 1996 (604) 299-9321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREE034 (12/95)

*Handwritten:* TSP 5/13/96