

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077891 (6)

1. Corporation Name

CARDWELL FUNERAL HOME, INC.

Principal Place of Business

3571 RIDGEWOOD AVENUE
PORT ORANGE FL 32119

Mailing Address

4126 NORLAND AVENUE
BURNABY, B.C. V5G3S8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1995	
21		26		4. FEI Number 58-2224109	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

C T 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	1.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS	4126 NORLAND AVENUE	1.3 STREET ADDRESS	801 TEAS ROAD
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8	1.4 CITY - ST - ZIP	CONROE, TX 77303
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	2.2 NAME	PAUL HART
STREET ADDRESS	4126 NORLAND AVENUE	2.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8	2.4 CITY - ST - ZIP	TREVOSE, PA 19053-6693
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D	3.2 NAME	
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33062	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINGS, GREGORY K	4.2 NAME	
STREET ADDRESS	681 NORTH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JONESBORO GA	4.4 CITY - ST - ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACNAUGHTON, PAULA J	5.2 NAME	400002469194
STREET ADDRESS	4126 NORLAND AVENUE	5.3 STREET ADDRESS	-03/26/98--01057--004
CITY - ST - ZIP	BURNABY, B.C. CANADA V5G3S8	5.4 CITY - ST - ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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.

SIGNATURE:

Peter S. Hyndman 03/20/98 (604) 299-9321

CR2E034 (10/97)