

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1995	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-2224109	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
				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			
STREET ADDRESS	4126 NORLAND AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8			5.4 CITY-ST-ZIP			
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)

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 JK