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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000077891

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NO E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	1.2 NAME	PAUL WAGLER
STREET ADDRESS	4126 NORLAND AVENUE	1.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	1.4 CITY-ST-ZIP	BURNABY, E.C., CANADA V5G 3S8
TITLE	ASD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	2.2 NAME	SEAN M. GILCHRIST
STREET ADDRESS	4126 NORLAND AVENUE	2.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	2.4 CITY-ST-ZIP	CONROE, TX 77303-1606
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" 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 checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLINGS, GREGORY K	4.2 NAME	GEORGE M. AMATO
STREET ADDRESS	681 NORTH AVE.	4.3 STREET ADDRESS	4841-58TH STREET
CITY-ST-ZIP	JONESBORO GA	4.4 CITY-ST-ZIP	WOODSIDE, NY 11377
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHNER, JEFFREY L	5.2 NAME	
STREET ADDRESS	801 TEAS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX 77303	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, PAUL	6.2 NAME	JOSEPH T. HARDIMAN
STREET ADDRESS	3190 TREMONT AVE.	6.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP	TREVOSE PA 19053-6693	6.4 CITY-ST-ZIP	CONROE, TX 77303-1606

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 with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** PETER S. HYNDMAN April 20, 1999 (604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)