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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500093531

FUNERAL TRIBUTE, INC.

Principal Place of Business

2230B INDUSTRIAL BLVD SARASOTA FL 34234 US		5726 CORTEZ RD W STE 344 BRADENTON FL 34210 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						12/07/1995			
2. Principal Pl	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	Applied For		
21						65-0628156			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>–</b>			5. Certifcate of Status Desired	d		
City & State		<del></del>	City & State			6. Election Campaign Financing	\$5	00	May Be
						Trust Fund Contribution	•		Fees
Zip	Country	Zip	Country			8. This corporation owes the current year In	tangible	,	~
'		<del></del> 1	30			Personal Property Tax.			
24	9. Name and Address of Curren	29	30		<del>-</del>	10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	It Registered Agent		81	Name	10. 1141110 4114 11441000 0			
UEN	DV IONATUAN M			۱۰.۱	(Name				
HENRY, JONATHAN M				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
526 CORTEZ ROAD W									
SUITE 344				83					
BRA	DENTON FL 34210			84	City	FI	85	Zip C	ode
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.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 Ti	ITLE			□ ci	ange	☐ Addition
NAME	HENRY, JONATHAN			ΔME					į
					ADDRESS				1
STREET ADDRESS	OUT COLD THE !!								
CITY-ST-ZIP	<u> </u>		_	ITY-ST	T-ZIP		Cr	nange	Addition
TITLE	0101		- 1	2.1 TITLE			[,] V	ı,uı vg C	
NAME	HENRY, JEAN P		2.2 N						_
STREET ADDRESS	6810 23RD AVE W 23		2.3 S	2.3 STREET ADDRESS					
CITY-ST-ZIP	D14 DC111 D11 1 D D12 0		2.40	S-YTK	T-ZIP				
TITLE	□ DELETE 3.1		3.1 T	3.1 TITLE			다	nange	Addition
NAME		•	3.2 N	AME	]				}
STREET ADDRESS			3.3 S	TREET	TADDRESS				
CITY-ST-ZIP			3.4. 0	CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 T	ITLE			Cf	nange	☐ Addition
NAME		•	4.21	AME		•			-
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP				TY-S					
TITLE		☐ DELETE	5.1 T					nange	Addition
NAME				AME					
					TADDRESS				
STREET ADDRESS	John M. Co			ITY-S					
CITY-ST-ZIP.	2-1-4	☐ DELETE	6.1 T		1-21		ПС	nange	Addition
I TITLE .	1	U DELETE	0.11					ia igo	

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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SAMURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

941-351-6234

Daytime Phone #

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90067 023 \*\*\*150.00

-CR2E034 (11/98)