

FILE NOW: FILING FEE AFTER MAY 1 1997
FILED
May 19 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPT.
Sandr.
Secr.
DIVISION OF CORPORATIONS

DOCUMENT # P96000024334 (0)

1. Corporation Name

NATIONAL MERRILL FUNERALS CORPORATION



Principal Place of Business

Mailing Address

1444 S. FEDERAL HWY.
DEERFIELD FL 33441

1444 S. FEDERAL HWY.
DEERFIELD FL 33441-7223

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HAUSER, TERRY~~
444 BRICKELL AVE., STE. 1000
MIAMI FL 33131

81 Name

ALBERT DIAMOND

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 100

83

444 BRICKELL AVE

84

City

Miami

FL

85

Zip Code
33131

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 ALBERT DIAMOND

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 P
NAME MERRILL, DAVID
STREET ADDRESS 1444 S. FEDERAL HWY.
CITY-ST-ZIP DEERFIELD FL 33441

DELETE

TITLE
NAME ZABIDA HASIN
STREET ADDRESS 1444 S. FEDERAL HWY.
CITY-ST-ZIP DEERFIELD FL 33441

DELETE

TITLE
NAME
STREET ADDRESS DEERFIELD
CITY-ST-ZIP FLORIDA 33441

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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.

CR2E034 (9/96)