

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000045095 (2)**  
 1. Corporation Name  
**FM CEMETERY, INC.**



Principal Place of Business <b>1929 ALLEN PARKWAY HOUSTON TX 77019</b>	Mailing Address <b>1929 ALLEN PARKWAY HOUSTON TX 77019-2507</b>
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3. Date Incorporated or Qualified <b>05/28/1996</b>	3a. Date of Last Report
4. FEI Number <b>76-0505094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1350 West Fairbanks Ave</b>	2a. Mailing Address 26 <b>1929 Allen Parkway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 <b>Dept 2934 9th Floor</b>
22 City & State 23 <b>Winter Park, FL</b>	28 City & State <b>Houston, Texas</b>
24 Zip <b>32789</b> 25 Country	29 Zip <b>77019</b> 30 Country

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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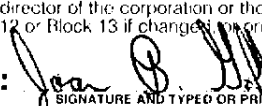
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ALEXANDER, DENNIS B</b>	
STREET ADDRESS <b>1929 ALLEN PARKWAY</b>	
CITY - ST - ZIP <b>HOUSTON TX 77019</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCRAE, WESLEY T</b>	
STREET ADDRESS <b>1929 ALLEN PARKWAY</b>	
CITY - ST - ZIP <b>HOUSTON TX 77019</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SPILLANE, JEFFREY A</b>	
STREET ADDRESS <b>1929 ALLEN PARKWAY</b>	
CITY - ST - ZIP <b>HOUSTON TX 77019</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Timothy J. Claiborne</b>	
1.3 STREET ADDRESS <b>Dept 2934 9th Floor 1929 Allen Parkway</b>	
1.4 CITY - ST - ZIP <b>Houston, Texas 77019</b>	
2.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Richard A. Chesler</b>	
2.3 STREET ADDRESS <b>Dept 2934 9th Floor 1929 Allen Parkway</b>	
2.4 CITY - ST - ZIP <b>Houston, Texas 77019</b>	
3.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Frank Bango</b>	
3.3 STREET ADDRESS <b>Dept 2934 9th Floor 1929 Allen Parkway</b>	
3.4 CITY - ST - ZIP <b>Houston, Texas 77019</b>	
4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Frank W. Conklin</b>	
4.3 STREET ADDRESS <b>Dept 2934 9th Floor 1929 Allen Parkway</b>	
4.4 CITY - ST - ZIP <b>Houston Texas 77019</b>	
5.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Joan B. Goff</b>	
5.3 STREET ADDRESS <b>Dept 2934 9th Floor 1929 Allen Parkway</b>	
5.4 CITY - ST - ZIP <b>Houston Texas 77019</b>	
6.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Mary Jane Frazier</b>	
6.3 STREET ADDRESS <b>Dept 2934 9th Floor 1929 Allen Parkway</b>	
6.4 CITY - ST - ZIP <b>Houston, Texas 77019</b>	

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.

SIGNATURE:  **Ms. Joan B. Goff** 1/9/97 Date (713) 525-5571

CR2E034 (9/96)