

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

FILED

**Feb 12 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 # P96000045095 (2)
 1. Corporation Name
FM CEMETERY, INC.



Principal Place of Business 1350 W FAIRBANKS AVE WINTER PARK FL 32789 US	Mailing Address 1929 ALLEN PKWY DPT 2834 9TH FL HOUSTON TX 77019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996	
21		26		4. FEI Number 76-0505094	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CLAIBORNE, TIMOTHY J	1.2 NAME	FRANK BANGO
STREET ADDRESS	DPT 2834 9TH FL 1929 ALLEN PKWY	1.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX 77019	1.4 CITY-ST-ZIP	HOUSTON, TX 77019
TITLE	V	2.1 TITLE	VP
NAME	CHESLER, RICHARD	2.2 NAME	TIMOTHY J. CLAIBORNE
STREET ADDRESS	DPT 2834 1929 ALLEN PKWY 9TH FL L	2.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX 77019	2.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	V	3.1 TITLE	DIRECTOR
NAME	BANGO, FRANK	3.2 NAME	SUZANNE DINEFF
STREET ADDRESS	DPT 2834 1929 ALLEN PKWY 9TH FL	3.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL
CITY-ST-ZIP	HOUSTON TX 77019	3.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	V	4.1 TITLE	
NAME	CONKLIN, FRANK W	4.2 NAME	
STREET ADDRESS	DEPT 2834 9TH FLOOR 1929 ALLEN PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	
NAME	GOFF, JOAN B	5.2 NAME	
STREET ADDRESS	DEPT 2834 9TH FLOOR 1929 ALLEN PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	DIRECTOR
NAME	FRAZIER, MARY J	6.2 NAME	LISA M. NEWBURN
STREET ADDRESS	DEPT 2834 9TH FLOOR 1929 ALLEN PARKWAY	6.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON TX 77019	6.4 CITY-ST-ZIP	HOUSTON TX 77019

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: *Joan B. Goff* JOAN B. GOFF/SECRETARY 713/522-5141

CF2E034 (10/97)