

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

FILED  
Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000054077 (8)

1. Corporation Name  
SKYWAY MEMORIAL GARDENS ACQUISITION, INC.

Principal Place of Business  
5200 U.S. HWY. 19 NORTH  
PALMETTO FL 34221

Mailing Address  
3190 TREMONT AVE.  
TREVOSÉ PA 19053-6844



|   |                     |                     |                     |   |  |                                |  |
|---|---------------------|---------------------|---------------------|---|--|--------------------------------|--|
| 2. Principal Place of Business                  |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>06/25/1996                                 |  | 3a. Date of Last Report<br>n/a |  |
| 21  | Suite, Apt. #, etc. | 26                  | 4126 Norland Avenue | 4. FEI Number<br>65-0682402   |  | Applied For<br>Not Applicable  |  |
| 22  | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | \$8.75 Additional Fee Required |  |
| 23  | Zip                 | 28                  | Burnaby, B.C.       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees    |  |
| 24  | Country             | 29                  | V5G 3S8             | 30  |  | Canada                         |  |
| 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   |
| 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                      | NAME                   | 1.1 TITLE   | 1.2 NAME                     |
| STREET ADDRESS             | 7629 BURRIS ST.        | 1.3 STREET ADDRESS                                    | 4126 Norland Avenue          |
| CITY-ST-ZIP                | BURNABY, BC, CANADA    | 1.4 CITY-ST-ZIP                                       | V5G 3S8                      |
| TITLE                      | NAME                   | 2.1 TITLE   | AS                           |
| STREET ADDRESS             | 1728 W. 36TH AVE.      | 2.2 NAME  |                              |
| CITY-ST-ZIP                | VANCOUVER, BC CANADA   | 2.3 STREET ADDRESS                                    | 4126 Norland Avenue          |
| TITLE                      | NAME                   | 2.4 CITY-ST-ZIP                                       | Burnaby, B.C. Canada V5G 3S8 |
| STREET ADDRESS             | 3190 Tremont Avenue    | 3.1 TITLE   | VP                           |
| CITY-ST-ZIP                | Trevose, PA 19053-6693 | 3.2 NAME  | Paul Waimberg                |
| TITLE                      | NAME                   | 3.3 STREET ADDRESS                                    | 3190 Tremont Avenue          |
| STREET ADDRESS             | 3190 Tremont Avenue    | 3.4 CITY-ST-ZIP                                       | Trevose, PA 19053-6693       |
| CITY-ST-ZIP                | Trevose, PA 19053-6693 | 4.1 TITLE   | S/T                          |
| TITLE                      | NAME                   | 4.2 NAME  | Douglas I. Kinzer            |
| STREET ADDRESS             | 3190 Tremont Avenue    | 4.3 STREET ADDRESS                                    | 1895 West Commercial Blvd.   |
| CITY-ST-ZIP                | Trevose, PA 19053-6693 | 4.4 CITY-ST-ZIP                                       | Ft. Lauderdale, FL 33309     |
| TITLE                      | NAME                   | 5.1 TITLE   | AS                           |
| STREET ADDRESS             | 3190 Tremont Avenue    | 5.2 NAME  | Craig R. Bush                |
| CITY-ST-ZIP                | Trevose, PA 19053-6693 | 5.3 STREET ADDRESS                                    | 800-50 E. RiverCenter Blvd.  |
| TITLE                      | NAME                   | 5.4 CITY-ST-ZIP                                       | Covington, KY 41011          |
| STREET ADDRESS             | 3190 Tremont Avenue    | 6.1 TITLE   | AS                           |
| CITY-ST-ZIP                | Trevose, PA 19053-6693 | 6.2 NAME  | Timothy A. Birch             |
| TITLE                      | NAME                   | 6.3 STREET ADDRESS                                    | 800-50 E. RiverCenter Blvd.  |
| STREET ADDRESS             | 3190 Tremont Avenue    | 6.4 CITY-ST-ZIP                                       | Covington, KY 41011          |
| CITY-ST-ZIP                | Trevose, PA 19053-6693 |   |                              |

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: Peter S. Hyndman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/13/97  
Date  
(604) 299-9321  
Daytime Phone #

0007568

CR2E034 (9/96)