

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 4126 NORLAND AVE BURNABY, B.C. V5G 3S8 CANADA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0682402	Applied For Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	FL 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

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	D LOEWEN, RAYMOND L 4126 NORLAND AVE BURNABY, BC CANADA V5G 3S8 CITY-ST-ZIP	1.1 TITLE	P JEFFREY L. CASHNER 801 TEAS ROAD CONROE, TX 77303 CITY-ST-ZIP
NAME	AS HYNDMAN, PETER S 4126 NORLAND AVE BURNABY, BC CANADA V5G 3S8 CITY-ST-ZIP	1.2 NAME	DAS
STREET ADDRESS	P MILLER, LAWRENCE 3190 TREMONT AVENUE TREVISO PA 19053-8693 CITY-ST-ZIP	1.3 STREET ADDRESS	VP
CITY-ST-ZIP	VP SHANE, WILLIAM R 3190 TREMONT AVENUE TREVISO PA 19053-8693 CITY-ST-ZIP	1.4 CITY-ST-ZIP	ST GREGORY K. ROLLINGS 681 NORTH AVENUE JONESBORO, GA 30236 CITY-ST-ZIP
NAME	VP GRAY, PETER 3190 TREMONT AVENUE TREVISO PA 19053-8693 CITY-ST-ZIP	2.1 TITLE	
STREET ADDRESS	VP MILLES, FRANK 3190 TREMONT AVENUE TREVISO PA 19053-8693 CITY-ST-ZIP	2.2 NAME	
CITY-ST-ZIP		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	

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 to an address.

SIGNATURE:

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)