

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 27 1997 8:00am  
Secretary of State

DOCUMENT # P96000054084 (4)

1. Corporation Name

SARASOTA MEMORIAL PARK ACQUISITION, INC.

Principal Place of Business

5833 S. TAMiami TRAIL  
SARASOTA FL 34231

Mailing Address

3190 TREMONT AVE.  
TREVose PA 19053-6644

3. Date Incorporated or Qualified  
06/25/1996

3a. Date of Last Report  
n/a

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

4126 Norland Avenue

27

Suite, Apt. #, etc.

28

City & State

29

Burnaby, B.C.

30

Zip

Country

31

Canada

4. FEI Number

65-0682404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	7629 BURRIS ST.	
CITY-ST-ZIP	BURNABY, BC CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	1726 W. 38TH AVE.	
CITY-ST-ZIP	VANCOUVER, BC, CANADA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	Lawrence Miller	
STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	Trevose, PA 19053-6693	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	William R. Shane	
STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	Trevose, PA 19053-6693	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Peter Gray	
STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	Trevose, PA 19053-6693	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Frank Milles	
STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	Trevose, PA 19053-6693	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4126 Norland Avenue
1.4 CITY-ST-ZIP	V5G 3S8
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AS
2.3 STREET ADDRESS	4126 Norland Avenue
2.4 CITY-ST-ZIP	Burnaby, B.C. Canada V5G 3S8
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/T Douglas I. Kinzer
3.3 STREET ADDRESS	1895 West Commercial Blvd.
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS Craig R. Bush
4.3 STREET ADDRESS	800-50 E. RiverCenter Blvd.
4.4 CITY-ST-ZIP	Covington, KY 41011
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS Timothy A. Birch
5.3 STREET ADDRESS	800-50 E. RiverCenter Blvd.
5.4 CITY-ST-ZIP	Covington, KY 41011
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 #

0007560

CR2E034 (9/96)