

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054084 (4)**

1. Corporation Name

SARASOTA MEMORIAL PARK ACQUISITION, INC.

Principal Place of Business

**5833 S. TAMiami TRAIL
SARASOTA FL 34231**

Mailing Address

**4126 NORLAND AVE
BURNABY, B.C. V5G 3S8
CANADA
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current 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

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee, 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	4126 NORLAND AVE	
CITY-ST-ZIP	BURNABY, BC CANADA V5G 3S8	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ASNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVE	
CITY-ST-ZIP	BURNABY, BC CANADA V5G 3S8	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053-6693	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHANE, WILLIAM R	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053-6693	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAY, PETER	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053-6693	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MILLES, FRANK	
STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP	TREVOSE PA 19053-6693	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFFREY L. CASHNER	
1.3 STREET ADDRESS	801 TEAS ROAD	
1.4 CITY-ST-ZIP	CONROE, TX 77303	

2.1 TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HYNDMAN	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GREGORY K. ROLLINGS	
4.3 STREET ADDRESS	681 NORTH AVENUE	
4.4 CITY-ST-ZIP	JONESBORO, GA 30236	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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 supplement to an 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 03/23/98 (604) 299-9321

CR2E034 (10/97)