

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 # P96000054090 (1)

1. Corporation Name
CHARLOTTE MEMORIAL GARDENS ACQUISITION, INC.



Principal Place of Business
5200 INDIAN SPRINGS CEMETERY RD.
PUNTA GORDA FL 33950

Mailing Address
3180 TREMONT AVE.
TREVOSSE PA 18053-6644

3. Date Incorporated or Qualified
06/25/1996

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4126 Norland Avenue

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

V5G 3S8

Canada

4. FEI Number
65-0685857

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. 36TH 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	
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	VP
3.3 STREET ADDRESS	Paul Wainberg
3.4 CITY - ST - ZIP	3190 Tremont Avenue Trevose, PA 19053-6693
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/T
4.3 STREET ADDRESS	Douglas I. Kinzer
4.4 CITY - ST - ZIP	1895 West Commercial Blvd. Ft. Lauderdale, FL 33309
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	Craig R. Bush
5.4 CITY - ST - ZIP	800-50 E. RiverCenter Blvd. Covington, KY 41011
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	Timothy A. Birch
6.4 CITY - ST - ZIP	800-50 E. RiverCenter Blvd. Covington, KY 41011

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 #

0007665

CR2E034 (9/96)