

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**5200 INDIAN SPRINGS CEMETERY RD.
PUNTA GORDA FL 33950**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

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 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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY, BC, CANADA V5G 3S8	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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

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

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

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		

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

4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFFREY L. CASHNER	
4.3 STREET ADDRESS	801 TEAS ROAD	
4.4 CITY-ST-ZIP	CONROE, TX 77303	

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

5.1 TITLE	300002469193	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/26/98--01057--003	
5.3 STREET ADDRESS	***150.00	
5.4 CITY-ST-ZIP		

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

6.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GREGORY K. ROLLINGS	
6.3 STREET ADDRESS	681 NORTH AVENUE	
6.4 CITY-ST-ZIP	JONESBORO, GA 30236	

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 with an address.

SIGNATURE

Peter S. Hyndman 03/20/98 (604) 299-9321

CP2E034 (10/97)