

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 # **P96000054093 (5)**

1. Corporation Name
MEMORIAL SERVICES ACQUISITION, INC.



Principal Place of Business 7950 - 131ST ST. NORTH SEMINOLE FL 34646	Mailing Address 3190 TREMONT AVE. TREVOSSE 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 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 58-2250786	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOEWEN, RAYMOND L 7629 BURRIS ST. BURNABY, BC, CANADA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4126 Norland Avenue V5G 3S8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYNDMAN, PETER S 1726 W. 36TH AVE. VANCOUVER, BC, CANADA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS 4126 Norland Avenue Burnaby, B.C., Canada V5G 3s8
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Lawrence Miller 3190 Tremont Avenue Trevose, PA 19053-6693 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Paul Waimberg 3190 Tremont Avenue Trevose, PA 19053-6693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP William R. Shane 3190 Tremont Avenue Trevose, PA 19053-6693 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/T Douglas I. Kinzer 1895 West Commercial Blvd. Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Peter Gray 3190 Tremont Avenue Trevose, PA 19053-6693 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Craig R. Bush 800-50 E. RiverCenter Blvd. Covington, KY 41011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Frank Milles 3190 Tremont Avenue Trevose, PA 19053-6693 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Timothy A. Birch 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** 1/13/97 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)