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FILED
Apr 13 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 # P96000054093 (5)

1. Corporation Name

MEMORIAL SERVICES ACQUISITION, INC.

Principal Place of Business

7850 - 131ST ST. NORTH
SEMINOLE FL 34646

Mailing Address

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

58-2250786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

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
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVE
CITY-ST-ZIP BURNABY, BC CANADA V5G 3S8

TITLE AS
NAME HYNDMAN, PETER S
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, BC CANADA V5G 3S8

TITLE P
NAME MILLER, LAWRENCE
STREET ADDRESS 3190 TREMONT AVENUE
CITY-ST-ZIP TREVOSE PA 19053-6693

TITLE VP
NAME SHANE, WILLIAM R
STREET ADDRESS 3190 TREMONT AVENUE
CITY-ST-ZIP TREVOSE PA 19053-6693

TITLE VP
NAME GRAY, PETER
STREET ADDRESS 3190 TREMONT AVENUE
CITY-ST-ZIP TREVOSE PA 19053-6693

TITLE VP
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
1.2 NAME JEFFREY L. CASHNER
1.3 STREET ADDRESS 801 TEAS ROAD
1.4 CITY-ST-ZIP CONROE, TX 77303

2.1 TITLE ASD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ST
4.2 NAME GREGORY K. ROLLINGS
4.3 STREET ADDRESS 681 NORTH AVENUE
4.4 CITY-ST-ZIP JONESBORO, GA 30236

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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 recorder 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)