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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086315 (4)

CREMATION SOCIETY OF THE KEYS, INC.

Principal Place of Business 5365 SW 101ST ST MIAM FL 33156 Mailing Address

5365 6W 101ST ST MIAMI FL 33156-3438

FILED May 02 1997 8:00am Secretary of State

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1500	So Dadeland Blu	9				3. Date Incorporated or 0 10/18/1996	lualified	3a. Date	of Last F	leport
2. Principal P	face of Business	2a. Mailin	g Address			4. FEI Number	<i>(</i>		A	oplied For
21 Suit.	e #601	26				65-07105	76			ot Applicable
Suite, Apt. 12 M Leu City & State	m, etc.	27	Apt #, etc.			5. Certificate of Status De	sired			Additional equired
City & State	33156	City 8	State			6. Election Campaign Fina Trust Fund Contribution				May Be to Fees
Zip	56 25 USA	Zip 29		Country	· · · · · · · · · · · · · · · · · · ·	This corporation has lia Florida Statutes	bitity for in	ntangible ta	ax under s	
31 2 1	9. Name and Address of Curre		Agent	1301	·	10. Name and Address of				
DIC!	HARDT, CAROL			81	Name			i	 	
				-	Oraș de Artif	Annual Control of the	A			
5365 SW 101ST ST MIAMI FL 33156					82 Street Address (P.O. Box Number is Not Acceptable)					
MIN	MI FL 33130			83				·		
					******		*********	·		
				84	City			FL	85 Zip	Code
11 Porsoant	to the provisions of Sections 607.05	502 and 607 150	8 Florida Statu	tes the above	-parhed corr	poration submits this statement	for the ni		handing i	te registered
office or r	constared agent, or both, in the Sta	te of Florida, Sur	h channe was	authorized by	the cornors					
agent La	in familiar with and accept the obli	igations of Secti				de Carlo				_
SIGNATURE	Caral Pricha		ARUL	15/CA	ARD	1		8-0	<u> </u>	
		agent and title if applica IND DIRECTORS		13.	nt signature requi	red when reinstating) ADDITIONS/CHANGES	TO OFFICE	DATE COC AND I	NIDECTO	2C IN 12
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In the release centry that the information supplied with this liming does not quality or the exemption state in section 113-07(3)), Florida Statutes. The first way that it 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-664 916 Dayt tha Phone #