

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

FILED

**Feb 24 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 # P96000102474 (9)

1. Corporation Name
FUNERAL MANAGEMENT, INC.



Principal Place of Business Mailing Address
2075 NW 54 STREET MIAMI FL 33142 **2075 NW 54 STREET MIAMI FL 33142-3071**

2. Principal Place of Business
21 **2075 NW 54 STREET**
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22 City & State
23 **MIAMI, FLORIDA**
Zip Country

27 City & State
28
Zip Country

24 **33142-3071** 25 **USA**

29 30

3. Date Incorporated or Qualified **12/19/1996** 3a. Date of Last Report **- 0 -**
4. FEI Number **65-0714937** 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

10. Name and Address of New Registered Agent

**FRESHMAN, JERALD A
9130 S DADELAND BLVD
SUITE 1701
MIAMI FL 33156**

81 Name **JERALD A FRESHMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **9130 S DADELAND BLVD**
83
84 City **MIAMI** FL 85 Zip Code **33156**

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANKER, WILLIAM E JR	
STREET ADDRESS	4350 NW 11 CT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANKER, MONICA	
STREET ADDRESS	12820 NW 13 AVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANKER, MARCIA	
STREET ADDRESS	4350 NW 11 CT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MANKER, GREGORY	
STREET ADDRESS	4350 NW 11 CT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: William E. Manker Jr 2-10-97 305-635-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone # 6003528

CR2E034 (9/96)