

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000001237 (1)**

1. Corporation Name

ROBERTS FUNERAL SERVICE, INC.



Principal Place of Business 7917 N.W. 7TH COURT PLANTATION FL 33324-1464 1806 NW 29 STREET OAKLAND PARK, FL 33311-2124	Mailing Address 7917 N.W. 7TH COURT PLANTATION FL 33324-1464 1806 NW 29 STREET OAKLAND PARK, FL 33311-2124
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1806 NW 29 STREET Suite, Apt. #, etc. 22 City & State 23 OAKLAND PARK, FLORIDA Zip 24 33311-2124		2a. Mailing Address 26 1806 NW 29 STREET Suite, Apt. #, etc. 27 City & State 28 OAKLAND PARK FLORIDA Zip 29 33311-2124		3. Date Incorporated or Qualified 01/06/1997	
Country 25 USA		Country 30 USA		4. FEI Number 65-0717375 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARX, JAMES ESO
201 S BISCAYNE BLVD
SUITE 201
MIAMI FL 33131**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/ DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LEON MASON ROBERTS
STREET ADDRESS		1.3 STREET ADDRESS	7917 NW 7 COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PLANTATION, FL 33324-1464
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOAN P. ROBERTS
STREET ADDRESS		2.3 STREET ADDRESS	7917 NW 7 COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33324-1464
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR/SHAREHOLDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	RICHARD B. WOLF
STREET ADDRESS		3.3 STREET ADDRESS	3965 E 10 COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33013
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR/SHAREHOLDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MARK K. POPLIN
STREET ADDRESS		4.3 STREET ADDRESS	17435 NW 85 AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33015
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **LEON M. ROBERTS - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-98

Date

1-800-324-1033

Daytime Phone # 0295996

CR2E034 (10/97)