

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 006 ***150.00

DOCUMENT # P98000002775

1. Corporation Name

ALL SAINTS Funeral Service, Inc.

Principal Place of Business

Mailing Address

3460 Powerline Road
OAKLAND PK, FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JANUARY 9, 1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

~~NO~~

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 3460 Powerline Rd.

26 3460 Powerline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 OAKLAND PK, FL

28 OAKLAND PK, FL

Country

Country

24 33309 25 USA

29 33309 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Stacey Weinstein
9222 W. ATLANTIC BLVD, #1322
CORAL SPRS, FL 33071

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

Stacey Weinstein pres.

Stacey Weinstein

DATE

4/16/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME Stacey Weinstein
STREET ADDRESS 9222 W. ATLANTIC BLVD, #1322
CITY-ST-ZIP CORAL SPRS, FL 33071

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1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stacey Weinstein, pres

DATE

4/16/99

DAYTIME PHONE #

954) 227-9796

CR2E034 (11/98)