04141999-90209-002-$158.75-$158.75

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Secretary of State
04-14-1999 90209 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **P98000082937**

1. Corporation Name
CARDINAL CASKET SALES, INC.

Principal Place of Business
310 N.E. 1ST AVENUE
HALLANDALE FL 33009

Mailing Address
POST OFFICE BOX 568798
ORLANDO FL 32856-8798

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/23/1998

4. FEI Number
65-0865229
☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
FLOWER, BRUCE W
511 NORTH MAITLAND AVENUE
MAITLAND FL 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DPT	☑ Change ☐ Addition
NAME	CARDINAL, JAMES R		1.2 NAME		
STREET ADDRESS	310 N.E. 1ST AVENUE		1.3 STREET ADDRESS	1201 Waterwitch Cove Circle	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	~~ADAMS~~	☐ DELETE	2.1 TITLE	DCEO	☐ Change ☑ Addition
NAME			2.2 NAME	ADAMS, William E	
STREET ADDRESS			2.3 STREET ADDRESS	1201 Waterwitch Cove Circle	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE		☐ DELETE	3.1 TITLE	DVP	☐ Change ☑ Addition
NAME			3.2 NAME	Greenwood, Kelly	
STREET ADDRESS			3.3 STREET ADDRESS	1923 OSMAN Ave	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		☐ DELETE	4.1 TITLE	DS	☐ Change ☑ Addition
NAME			4.2 NAME	CARDINAL, Thomas	
STREET ADDRESS			4.3 STREET ADDRESS	1965 S OCEAN DR. #6-M	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: James R Cardinal REQ James R Cardinal 1/21/99 407-425-0583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)