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Mar 11 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 # S15088 (5)

1. Corporation Name
LAKE COUNTY CREMATION SOCIETY, DIVISION OF ALL F
AITHS CREMATION SOCIETY INC.



Principal Place of Business

18 LA GRANDE BLVD.
LADY LAKE FL 32159
US

Mailing Address

18 LA GRANDE BLVD.
LADY LAKE FL 32159-2364
US

3. Date Incorporated or Qualified 11/26/1990
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 9 La Grande Blvd
Suite, Apt. #, etc.

22 City & State
23 Lady Lake, FL
24 32159 25 LAKE

26 9 La Grande Blvd
Suite, Apt. #, etc.
27 City & State
28 Lady Lake FL
29 32159 30 LAKE

4. FEI Number 59-3038658
Applied For Not Applicable

5. Certificate of Status Desired X \$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

RISA E. REYNOLDS
324 JAMESTOWN DR
WINTER PARK FL 32159

10. Name and Address of New Registered Agent

81 Name RISA E. REYNOLDS
82 Street Address (P.O. Box Number is Not Acceptable)
83 228 W 18TH ST
84 City SANFORD FL 85 Zip Code 32771

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 Risa E. Reynolds, RISA E REYNOLDS 2/17/97
Signature typed for printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	REYNOLDS, DON T.	
STREET ADDRESS	2387 ENTREPRISE - OSTEEN RD	
CITY- ST- ZIP	DELTONA FL	
TITLE	ST	DELETE
NAME	REYNOLDS, SHIRLEY L.	
STREET ADDRESS	1524 OAK FOREST DR.	
CITY- ST- ZIP	ORMOND BEACH FL	
TITLE	VP	DELETE
NAME	RISA E. REYNOLDS	
STREET ADDRESS	324 JAMESTOWN DR	
CITY- ST- ZIP	WINTER PARK FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	Change	Addition
1.2 NAME	RISA E REYNOLDS		
1.3 STREET ADDRESS	228 W 18TH ST		
1.4 CITY- ST- ZIP	SANFORD FL 32771		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		Change	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: Risa E. Reynolds RISA E REYNOLDS 2-17-97 (407)328-2850
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)