

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S38898** (0)

1. Corporation Name

VOSSEN CREMATION SERVICES, INC.



Principal Place of Business

**5830 LULLABY LANE
ORLANDO FL 32810**

Mailing Address

**P.O. BOX 607597
ORLANDO FL 32860-7597**

2. Principal Place of Business

21 **7640 Dovecote Drive**

Suite, Apt. #, etc.

22 City & State

23 **Orlando, Florida**

24 Zip

32810

Country

25 **Orange**

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip

32810

Country

30 **Orange**

3. Date Incorporated or Qualified

03/14/1991

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3062309

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

**VOSSEN, WALTER F. III
5830 LULLABY LN
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name **Vossen, Walter F. III**

82 Street Address (P.O. Box Number is Not Acceptable)
7640 Dovecote Drive

83

84 City **Orlando**

FL

85 Zip Code
32810

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 the date available

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PST
VOSSEN, WALTER F. III**
STREET ADDRESS **5830 LULLABY LN**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 ☒ Change ☐ Addition
NAME **PSTC
Vossen, Walter F. III**
1.3 STREET ADDRESS **7640 Dovecote Drive**
1.4 CITY-ST-ZIP **Orlando, Florida 32810**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Walter F. Vossen III **WALTER F. VOSSEN III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

DATE

(407) 294-2282

DAYTIME PHONE

CR2E034 (12/95)