FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58746** **(6)**

1. Corporation Name
BECKER FUNERAL HOME OF BROWARD, INC.

Principal Place of Business	Mailing Address
1444 SOUTH FEDERAL HWY. DEERFIELD BCH. FL 34417-288	4126 NORLAND AVE. BURNABY BC V5G3S-8

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/11/1991**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **52-1735461** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPAS	11 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ROBERT D.	12 NAME	
STREET ADDRESS	200 N. FEDERAL HWY.	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	14 CITY-ST-ZIP	300001467523 -04/28/95--01006--008 ****200.00
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LOEWEN, RAYMOND L.	22 NAME	****200.00
STREET ADDRESS	7592 LAMBETH DR.	23 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, BC	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	WRIGTH GARY L.	32 NAME	correction to last name
STREET ADDRESS	600-50 EAST RIVERCENTER BLVD.	33 STREET ADDRESS	WRIGHT
CITY-ST-ZIP	COVINGTON KY 41011	34 CITY-ST-ZIP	
TITLE	DAS	41 TITLE	☐ Change ☐ Addition
NAME	HYNDMAN PETER S.	42 NAME	
STREET ADDRESS	4126 NORLAND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	BARNABY BC V5G3S-8	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LOEWEN, RAYMOND L.	52 NAME	
STREET ADDRESS	7592 LAMBETH DR.	53 STREET ADDRESS	
CITY-ST-ZIP	BURNABY, BC	54 CITY-ST-ZIP	4/25/95 MSH
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: _____ Peter S. Hyndman 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484085 IN