

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

FILED

Jan 21 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 # S70770 (0)

1. Corporation Name  
MORTUARY FINANCIAL NETWORK, INC.

Principal Place of Business  
1550 NE MIAMI GARDENS DR.  
407  
MIAMI FL 33179-4836  
US

Mailing Address  
1550 NE MIAMI GARDENS DR.  
407  
MIAMI FL 33179-4836  
US



3. Date Incorporated or Qualified 08/01/1991  
3a. Date of Last Report 06/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0280954		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, RONALD L PA  
1550 NE MIAMI GARDENS DR  
SUITE 408  
NO MIAMI BEACH FL 33179

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	WENTNICK, SHARON	1.2 NAME	ALAN WENTNICK
STREET ADDRESS	1550 NE MIAMI GDNS DR	1.3 STREET ADDRESS	1550 NE MIAMI GARDENS DR, #407
CITY - ST - ZIP	NO MIAMI BCH FL	1.4 CITY - ST - ZIP	N. MIAMI BEACH, FL 33179
TITLE	S	2.1 TITLE	
NAME	DAVIS, RONALD L.	2.2 NAME	
STREET ADDRESS	1550 NE MIAMI GARDENS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NO. MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Alan Wentnick* ALAN WENTNICK 1/13/97 305-944-4044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)