

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

DOCUMENT # V33630 (7)
1. Corporation Name
FLORIDA FUNERAL SERVICES, INC.

Principal Place of Business: **200 NORTH FEDERAL HWY. POMPANO BEACH FL 33062-4307**
Mailing Address: **4126 NORLAND AVE. BURNABY BC V5G-3S8**

APPROVED AND FILED
95 APR 25 AM 9: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/05/1992	07/26/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0333206	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPA	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D	1 2 NAME	
STREET ADDRESS	200 N. FEDERAL HWY.	1 3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH. FL 33062	1 4 CITY - ST - ZIP	
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	2 2 NAME	
STREET ADDRESS	4126 NORLAND AVE	2 3 STREET ADDRESS	700001467497
CITY - ST - ZIP	BURNABY BC	2 4 CITY - ST - ZIP	-04/28/95--01005--009
TITLE	DA	3 1 TITLE	****200.00 ****200.00 Addition
NAME	HYNDMAN, PETER S	3 2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	3 3 STREET ADDRESS	
CITY - ST - ZIP	BURNABY BC V5G3S-8	3 4 CITY - ST - ZIP	
TITLE	ST	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L	4 2 NAME	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	4 3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY 41011	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: _____ **Peter S. Hyndman** **4/12/95** **(604) 299-9321**
SIGNATURE AT ALL TIMES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Year)