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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:50

DOCUMENT # **V64887** **(5)**

1. Corporation Name

MOUNT NEBO OF THE PALM BEACHES MEMORIAL GARDENS, INC.

Principal Place of Business	Mailing Address
111 SKOKIE BOULEVARD WILMETTE IL 60091 US	C/O ARTHUR J. CROSSBERG 3201 NW 72ND AVE HOLLYWOOD FL 33024-2406 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1992**
3a. Date of Last Report: **04/04/1994**

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

4. FEI Number: **36-3845463** ☐ 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	10. Name and Address of New Registered Agent
GROSSBERG, ARTHUR J 3201 N 72ND AVE HOLLYWOOD FL 33024	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☒ Addition
NAME	WEINSTEIN, JOEL W.	12 NAME	
STREET ADDRESS	111 SKOKIE BOULEVARD	13 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	14 CITY-ST-ZIP	60091
TITLE	DVS	21 TITLE	☐ Change ☒ Addition
NAME	CUTLER, NORMAN	22 NAME	
STREET ADDRESS	111 SKOKIE BOULEVARD	23 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	24 CITY-ST-ZIP	60091
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GROSSBERG, ARTHUR	32 NAME	
STREET ADDRESS	3201 N.W. 72ND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024-2406	34 CITY-ST-ZIP	
TITLE	ASAT	41 TITLE	☐ Change ☒ Addition
NAME	MCLANEY, MELISSA L	42 NAME	
STREET ADDRESS	111 SKOKIE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	44 CITY-ST-ZIP	60091
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	COHN, MARVIN	52 NAME	
STREET ADDRESS	55 EAST MONROE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	54 CITY-ST-ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE: Joel W Weinstein **Joel W. Weinstein, President 2/ /1995 708-356-5700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087134 CP