FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1-2

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **09/18/1992**
3a. Date of Last Report: **04/03/1995**
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

2. Principal Place of Business	2a. Mailing Address
21	26 4126 NORLAND AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BURNABY, B.C.
Zip 24 / Country 25	Zip 29 V5G 3S8 / Country 30 CANADA

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, Suite, Location)
300001784738
-04/25/96--01071--018
83 ***200.00
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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	11 TITLE	C	☒ 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		
TITLE	DVS	☐ DELETE	21 TITLE	D CEO	☒ Change ☐ Addition
NAME	CUTLER, NORMAN		22 NAME		
STREET ADDRESS	111 SKOKIE BOULEVARD		23 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE IL		24 CITY-ST-ZIP		
TITLE	V	☐ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	GROSSBERG, ARTHUR		32 NAME	LOEWEN, RAYMOND L.	
STREET ADDRESS	3201 N.W. 72ND AVE.		33 STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33024-2406		34 CITY-ST-ZIP	BURNABY, B.C., V5G 3S8	
TITLE	ASAT	☒ DELETE	41 TITLE	DAS	☐ Change ☒ Addition
NAME	MCLANEY, MELISSA L		42 NAME	HYNDMAN, PETER S.	
STREET ADDRESS	111 SKOKIE BLVD.		43 STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	WILMETTE IL		44 CITY-ST-ZIP	BURNABY, B.C., CANADA, V5G 3S8	
TITLE	AS	☒ DELETE	51 TITLE	P	☐ Change ☒ Addition
NAME	COHN, MARVIN		52 NAME	WEINSTEIN, ROBERT A.	
STREET ADDRESS	55 EAST MONROE ST.		53 STREET ADDRESS	335 W. DUNDEE ROAD, #202	
CITY-ST-ZIP	CHICAGO IL 60603		54 CITY-ST-ZIP	BUFFALO GROVE, IL 60089-3545	
TITLE		☐ DELETE	61 TITLE	ST	☐ Change ☒ Addition
NAME			62 NAME	WAIMBERG, PAUL	
STREET ADDRESS			63 STREET ADDRESS	3190 TREMONT AVENUE	
CITY-ST-ZIP			64 CITY-ST-ZIP	TREVOSE, PA 19053	

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: PETER S. HYNDMAN MARCH 22, 1996 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

2-2

PROFIT CORPORATION ANNUAL REPORT

MOUNT NEBO OF THE PALM BEACHES MEMORIAL GARDENS, INC.

13. CONTINUED: ADDITION

7.1	TITLE:	V
7.2	NAME:	WEINSTEIN, MARK
7.3	STREET ADDRESS	111 SKOKIE BOULEVARD
7.4	CITY-ST-ZIP:	WILMETTE, IL 60091
8.1	TITLE:	V
8.2	NAME:	MILLER, LAWRENCE
8.3	STREET ADDRESS:	800-50 EAST RIVERCENTER BLVD.
8.4	CITY-ST-ZIP:	COVINGTON, KY 41011
9.1	TITLE:	V
9.2	NAME:	SHANE, WILLIAM R.
9.3	STREET ADDRESS:	3190 TREMONT AVENUE
9.4	CITY-ST-ZIP:	TREVOSE, PA 19053
10.1	TITLE:	V
10.2	NAME:	LEE JR., KENNETH EDWARD
10.3	STREET ADDRESS:	3190 TREMONT AVENUE
10.4	CITY-ST-ZIP:	TREVOSE, PA 19053
11.1	TITLE:	V
11.2	NAME:	KINZER, DOUGLAS I.
11.3	STREET ADDRESS:	1895 WEST COMMERCIAL BLVD.
11.4	CITY-ST-ZIP:	FT. LAUDERDALE, FL. 33309
12.1	TITLE:	AS
12.2	NAME:	BIRCH, TIMOTHY A.
12.3	STREET ADDRESS:	50 EAST RIVERCENTER BLVD.
12.4	CITY-ST-ZIP:	COVINGTON, KY 41011

P:\ENIEH\WPDATA\DOCUMENT\MOUNTNEB.OFF