FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jan 27 1997 8:00am
Secretary of State

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	4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8

3. Date Incorporated or Qualified: 09/18/1992
3a. Date of Last Report: 04/25/1996

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

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	EINSTEIN, JOEL W.		1.2 NAME	Mark Weinstein	
STREET ADDRESS	111 SKOKIE BOULEVARD		1.3 STREET ADDRESS	111 Skokie Boulevard	
CITY-ST-ZIP	WILMETTE IL		1.4 CITY-ST-ZIP	Wilmette, IL	
TITLE	DCEO	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	CUTLER, NORMAN		2.2 NAME	Lawrence Miller	
STREET ADDRESS	111 SKOKIE BOULEVARD		2.3 STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	WILMETTE IL		2.4 CITY-ST-ZIP	Trevose, PA 19053-6693	
TITLE	V	☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	GROSSBERG, ARTHUR		3.2 NAME	William R. Shane	
STREET ADDRESS	3201 N.W. 72ND AVE.		3.3 STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	HOLLYWOOD FL 33024-2406		3.4 CITY-ST-ZIP	Trevose, PA 19053-6693	
TITLE	DAS	☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	HYNDMAN, PETER S.		4.2 NAME	Kenneth E. Lee, Jr.	
STREET ADDRESS	4126 NORLAND AVE.		4.3 STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8		4.4 CITY-ST-ZIP	Trevose, PA 19053-6693	
TITLE	D	☐ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	LOEWEN, RAYMOND L.		5.2 NAME	Douglas I. Kinzer	
STREET ADDRESS	4126 NORLAND AVE.		5.3 STREET ADDRESS	1895 West Commercial Boulevard	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	P	☐ DELETE	6.1 TITLE	S/T	☐ Change ☒ Addition
NAME	WEINSTEIN, ROBERT A.		6.2 NAME	Paul Waimberg	
STREET ADDRESS	335 W. DUNDEE RD., #202		6.3 STREET ADDRESS	3190 Tremont Avenue	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-3545		6.4 CITY-ST-ZIP	Trevose, PA 19053-6693	

CR2E034 (9/96)

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: Peter S. Hyndman SIGNATURE REQUIRED 1/13/97 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0528754