

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V64887 (5)
1. Corporation Name
MOUNT NEBO OF THE PALM BEACHES MEMORIAL GARDENS, INC.

Principal Place of Business 111 SKOKIE BOULEVARD WILMETTE IL 60091 US	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1992	
21 Suite, Apt. #, etc.	26	4. FEI Number 36-3845463		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
85		86 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINSTEIN, JOEL W.	1.2 NAME	WEINSTEIN
STREET ADDRESS	111 SKOKIE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, NORMAN	2.2 NAME	
STREET ADDRESS	111 SKOKIE BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSBERG, ARTHUR	3.2 NAME	
STREET ADDRESS	3201 N.W. 72ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024-2408	3.4 CITY-ST-ZIP	
TITLE	DAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S.	4.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L.	5.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, ROBERT A.	6.2 NAME	
STREET ADDRESS	335 W. DUNDEE RD., #202	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-3845	6.4 CITY-ST-ZIP	

14. I 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 recorder 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 any attachment with an address.

SIGNATURE: _____

Peter S. Hyndman 03/23/98 (604) 299-9321

CP2E034 (10/97)