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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V64887

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1992

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 WEINSTEIN, JOEL W	1.1 TITLE	D
NAME	111 SKOKIE BOULEVARD	1.2 NAME	PAUL WAGLER
STREET ADDRESS	WILMETTE IL	1.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8
TITLE	DCEO	2.1 TITLE	CEO
NAME	CUTLER, NORMAN	2.2 NAME	
STREET ADDRESS	111 SKOKIE BOULEVARD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WILMETTE IL	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	VP
NAME	GROSSBERG, ARTHUR	3.2 NAME	MARK WEINSTEIN
STREET ADDRESS	3201 N.W. 72ND AVE.	3.3 STREET ADDRESS	111 SKOKIE BLVD.
CITY-STATE-ZIP	HOLLYWOOD FL 33024-2406	3.4 CITY-STATE-ZIP	WILMETTE, IL 60091
TITLE	DAS	4.1 TITLE	VP
NAME	HYNDMAN, PETER S.	4.2 NAME	JEFFREY L. CASHNER
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	801 TEAS ROAD
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-STATE-ZIP	CONROE, TX 77303
TITLE	D	5.1 TITLE	ST
NAME	LOEWEN, RAYMOND L.	5.2 NAME	PETER B. GRAY
STREET ADDRESS	4126 NORLAND AVE.	5.3 STREET ADDRESS	3190 TREMONT AVENUE
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	5.4 CITY-STATE-ZIP	TREVOSE, PA 19053
TITLE	P	6.1 TITLE	AS
NAME	WEINSTEIN, ROBERT A.	6.2 NAME	JOSEPH T. HARDIMAN
STREET ADDRESS	335 W. DUNDEE RD., #202	6.3 STREET ADDRESS	801 TEAS ROAD
CITY-STATE-ZIP	BUFFALO GROVE IL 60089-3545	6.4 CITY-STATE-ZIP	CONROE, TX 77303

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 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #