FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **663091** **(7)**

1. Corporation Name
KRAEER FUNERAL HOMES, INC.

Principal Place of Business	Mailing Address
200 N FEDERAL HWY POMPANO BEACH FL 33062-4307	4126 NORLAND AVENUE BURNABY B.C. V5G 3S8

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/17/1979**	3a. Date of Last Report: **07/26/1994**
4. FEI Number: **59-1954986**	☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ROBERT D.	12 NAME	100001467521
STREET ADDRESS	200 N. FEDERAL HWY.	13 STREET ADDRESS	-04/28/95--01006--006
CITY-ST-ZIP	POMPANO BCH. FL	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	CD	21 TITLE	☒ Change ☐ Addition
NAME	LOEWEN, RAYMOND L.	22 NAME	4126 Norland Avenue
STREET ADDRESS	7592 LAMBETH DRIVE	23 STREET ADDRESS	Burnaby, B.C.
CITY-ST-ZIP	BURNABY, BC	24 CITY-ST-ZIP	Canada V5G 3S8
TITLE	VST	31 TITLE	☒ Change ☐ Addition
NAME	FITZSIMMONS, DAVID	32 NAME	800-50 East RiverCentre Blvd.
STREET ADDRESS	8912 TERWILLIGERS TRAIL	33 STREET ADDRESS	Covington, KY
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	41011
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	FITZSIMMONS, DAVID	42 NAME	800-50 East RiverCentre Blvd.
STREET ADDRESS	8912 TERWILLIGERS TRAIL	43 STREET ADDRESS	Covington, KY
CITY-ST-ZIP	CINCINNATI OH	44 CITY-ST-ZIP	41011
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	4/25/95 1168
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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: _____ Peter S. Hyndman 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0663067 IN