

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**1996 MAY -2 PM 2: 55**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 663091 (7)**

1. Corporation Name  
**KRAEER FUNERAL HOMES, INC.**



**800001811848**  
-05/07/96--01129--021  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

3. Date Incorporated or Qualified: **12/17/1979**  
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **800001811848**  
83: **-05/07/96--01129--020**  
**\*\*\*\*200.00 \*\*\*\*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**

Signature, typed or printed name of registered agent and, if applicable:

(NOTE: Registered Agent signature required when re-instating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D.	
STREET ADDRESS	200 N. FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L.	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-ST-ZIP	BURNABY, BC	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	FITZSIMMONS, DAVID	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITZSIMMONS, DAVID	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	ZIP = 33062	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	ZIP = V5G 3S8	
3.1 TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WRIGHT, GARY L.	
3.3 STREET ADDRESS	800 - 50 EAST RIVERCENTER BLVD.	
3.4 CITY-ST-ZIP	COVINGTON, KY 41011	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HYNDMAN, PETER S.	
4.3 STREET ADDRESS	4126 NORLAND AVENUE	
4.4 CITY-ST-ZIP	BURNABY, B.C., CANADA, V5G 3S8	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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 attachment with an address.

**SIGNATURE:** *[Signature]* **PETER S. HYNDMAN** **APRIL 30, 1996** **(604) 299-9321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

*751 517190*