

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **663091** (7)  
1. Corporation Name  
**KRAEER FUNERAL HOMES, INC.**

Principal Place of Business  
**200 N FEDERAL HWY  
POMPANO BEACH FL 33062-4307**

Mailing Address  
**4126 NORLAND AVENUE  
BURNABY B.C. V5G 3S8**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1979</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1954986</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number Is Not Acceptable)
		83	
		84	City
		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	<b>PASD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, ROBERT D</b>	1.2 NAME	
STREET ADDRESS	<b>200 N. FEDERAL HWY.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33082</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOEWEN, RAYMOND L</b>	2.2 NAME	<b>JEFFREY L. CASHNER</b>
STREET ADDRESS	<b>4126 NORLAND AVENUE</b>	2.3 STREET ADDRESS	<b>801 TEAS ROAD</b>
CITY-ST-ZIP	<b>BURNABY, BC V5G3S8</b>	2.4 CITY-ST-ZIP	<b>CONROE, TX 77303</b>
TITLE	<b>VST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRIGHT, GARY L</b>	3.2 NAME	<b>GREGORY K. ROLLINGS</b>
STREET ADDRESS	<b>800-50 EAST RIVERCENTER BLVD.</b>	3.3 STREET ADDRESS	<b>681 NORTH AVENUE</b>
CITY-ST-ZIP	<b>COVINGTON KY 41011</b>	3.4 CITY-ST-ZIP	<b>JONESBORO, GA 30236</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FITZSIMMONS, DAVID</b>	4.2 NAME	<b>PAUL HART</b>
STREET ADDRESS	<b>800-50 EAST RIVERCENTER BLVD</b>	4.3 STREET ADDRESS	<b>3190 TREMONT AVENUE</b>
CITY-ST-ZIP	<b>COVINGTON KY 41011</b>	4.4 CITY-ST-ZIP	<b>TREVOSE, PA 19053-6693</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>ASD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYNDMAN, PETER S</b>	5.2 NAME	<b>300002470853</b>
STREET ADDRESS	<b>4126 NORLAND AVENUE</b>	5.3 STREET ADDRESS	<b>-03/27/98--01073--012</b>
CITY-ST-ZIP	<b>BURNABY, B.C. CANADA V5G3S8</b>	5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 03/20/98 (604) 299-9321

CP2E034 (10/97)