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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90012 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 663091

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

3. Date Incorporated or Qualified
12/17/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

30 CANADA

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)

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.

(NOT: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D	1.2 NAME	
STREET ADDRESS	200 N. FEDERAL HWY.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	1.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	2.2 NAME	PAUL WAGLER
STREET ADDRESS	4126 NORLAND AVENUE	2.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-STATE-ZIP	BURNABY, BC V5G3S8	2.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHNER, JEFFREY L	3.2 NAME	
STREET ADDRESS	801 TEAS ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CONROE TX 77303	3.4 CITY-STATE-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLINGS, GREGORY K	4.2 NAME	SEAN M. GILCHRIST
STREET ADDRESS	681 NORTH AVENUE	4.3 STREET ADDRESS	801 TEAS ROAD
CITY-STATE-ZIP	JONESBORO GA 30236	4.4 CITY-STATE-ZIP	CONROE, TX 77303
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	5.2 NAME	GEORGE M. AMATO
STREET ADDRESS	4126 NORLAND AVENUE	5.3 STREET ADDRESS	4145-58TH STREET
CITY-STATE-ZIP	BURNABY, B.C. CANADA V5G3S8	5.4 CITY-STATE-ZIP	WOODSIDE, NY 11377
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, PAUL	6.2 NAME	JOSEPH T. HARDIMAN
STREET ADDRESS	3190 TREMONT AVENUE	6.3 STREET ADDRESS	801 TEAS ROAD
CITY-STATE-ZIP	TREVOSE PA 19053-6693	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 2 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 #

CR2E034 (11/98)