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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:44

DOCUMENT # G25869 (0)

1. Corporation Name
KRAEER MEMORIAL, INC.

Principal Place of Business	Mailing Address
200 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062	200 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1983
3a. Date of Last Report: 02/15/1994

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: 59-2385408 ☐ 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

RUSSELL, ROBERT D.
200 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

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
(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	VP	11 TITLE	☐ Change ☒ Addition
NAME	DEPPEN, RONALD L.	12 NAME	
STREET ADDRESS	356 COTTON WOOD LN	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	ZIP CODE - 33487
TITLE	VP	21 TITLE	☐ Change ☒ Addition
NAME	JUDGE, JAMES A.	22 NAME	
STREET ADDRESS	1736 E. ATLANTIC BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	ZIP CODE - 33060
TITLE	T	31 TITLE	☒ Change ☐ Addition
NAME	NOWATKA, STEVEN P.	32 NAME	
STREET ADDRESS	~~2000 WOODLAKE CIR S~~	33 STREET ADDRESS	ADDRESS - 656 Sand Pine Lane
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	P	41 TITLE	☐ Change ☒ Addition
NAME	RUSSELL, ROBERT D.	42 NAME	
STREET ADDRESS	200 N FEDERAL HIGHWAY	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	ZIP CODE = 33062
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	WALKER, LEONARD D.	52 NAME	
STREET ADDRESS	754 ST. ALBANS DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	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: Robert D. Russell — January 16, 1995 (305) 941-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT D. RUSSELL, PRESIDENT

0104(81) CP