

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # H34179

(2)

1. Corporation Name

KADEK ENTERPRISES OF FLORIDA, INC.



Principal Place of Business

12777 STATE HWY. 82
LEHIGH ACRES FL 33970
US

Mailing Address

C/O LOEWEN GROUP
4126 NORLAND AVE.
BURNABY B.C. V5G 3S8
-----CA-----

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/14/1984

3a. Date of Last Report

04/25/1996

4. FEI Number

59-2502540

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GLODEK, THOMAS F.
STREET ADDRESS 12777 SR 82
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE D
NAME GLODEK, THOMAS F.
STREET ADDRESS 12777 SR 82
CITY-ST-ZIP FT MYERS FL ☒ DELETE

TITLE D
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 ☐ DELETE

TITLE DST
NAME FITZSIMMONS, DAVID
STREET ADDRESS 800-50 EAST RIVERCENTRE BLVD.
CITY-ST-ZIP COVINGTON KY 41011 ☐ DELETE

TITLE AS
NAME HYNDMAN, PETER S.
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8 ☐ DELETE

TITLE AS
NAME SWANSON, RICK
STREET ADDRESS 12540 WOODTIMBER LANE
CITY-ST-ZIP FT. MYERS FL 33913 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 230-13th Avenue, NE
1.4 CITY-ST-ZIP Minneapolis, MN 55413

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S/T only (not a director) ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

1/13/97

(604) 299-9321

CR2E034 (9/96)