

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

APPROVED
AND
FILED

95 APR 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28046** (5)
1. Corporation Name
KRAEER FUNERAL SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/07/1989** 3a. Date of Last Report **07/26/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 **4126 Norland Avenue**
23 City & State 28 **Burnaby, B.C.**
24 Zip 25 Country 29 **V5G 3S8** 30 **Canada**

4. FEI Number **65-0154200** 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. 194.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DPA
NAME	RUSSELL, ROBERT D.
STREET ADDRESS	200 N. FEDERAL HIGHWAY
CITY - ST - ZIP	POMPANO BEACH FL 33062
TITLE	CD
NAME	LOEWEN, RAYMOND L.
STREET ADDRESS	7592 LAMBETH DRIVE
CITY - ST - ZIP	BURNABY, B.C.
TITLE	DA
NAME	HYNDMAN, PETER S.
STREET ADDRESS	4126 NORLAND AVENUE
CITY - ST - ZIP	BURNABY BC V5G 3-S8
TITLE	ST
NAME	WRIGHT, GARY L
STREET ADDRESS	800- 500 EAST RIVERCENTER BLVD.
CITY - ST - ZIP	COVINGTON KY 41011
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	200001467522
1 4 CITY - ST - ZIP	-04/28/95 --01006--007
2 1 TITLE	****200.00 ****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	4126 Norland Avenue
2 3 STREET ADDRESS	Burnaby, B.C.
2 4 CITY - ST - ZIP	Canada V5G 3S8
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	correction to address
4 3 STREET ADDRESS	800-50 ...
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	4/23/95 MJS
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 110.03(3)(b), Florida Statutes. I further certify that the information indicated in 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 applicable, or on an attachment with an address.

SIGNATURE: _____ Peter S. Hyndman 4/12/95 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #