

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 25 AM 9: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27379 (4)

1. Corporation Name
KRAEER HOLDINGS, INC.

Principal Place of Business Mailing Address

**200 N FEDERAL HWY
POMPANO BEACH FL 33062** **4126 NORLAND AVENUE
BURNABY B.C. V5G3S-8**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

01/25/1991 **07/26/1994**

4. FEI Number Applied For

-98-0120838- 52-1723832 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

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33323**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code

FL

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 re-designing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L.	1.2 NAME	4126 Norland Avenue
STREET ADDRESS	7592 LAMBETH DR.	1.3 STREET ADDRESS	Burnaby, B.C.
CITY - ST - ZIP	BURNABY, BC CANADA	1.4 CITY - ST - ZIP	Canada V5B 3S8
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D.	2.2 NAME	900001467529
STREET ADDRESS	200 N FEDERAL HIGHWAY	2.3 STREET ADDRESS	-04/28/95--01006--014
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	****200.00 ****200.00
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, DAVID	3.2 NAME	800-50 East RiverCentre Blvd.
STREET ADDRESS	8912 TERWILLIGERS TRAIL	3.3 STREET ADDRESS	Covington, KY
CITY - ST - ZIP	CINCINNATI OH	3.4 CITY - ST - ZIP	41011
TITLE	DS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, DAVID	4.2 NAME	800-50 East RiverCentre Blvd.
STREET ADDRESS	8912 TERWILLIGERS TRAIL	4.3 STREET ADDRESS	Covington, KY
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	41011
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D.	5.2 NAME	<i>4/25/95</i>
STREET ADDRESS	200 N FEDERAL HIGHWAY	5.3 STREET ADDRESS	<i>148</i>
CITY - ST - ZIP	POMPANO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L.	6.2 NAME	4126 Norland Avenue
STREET ADDRESS	7592 LAMBETH DRIVE	6.3 STREET ADDRESS	Burnaby, B.C.
CITY - ST - ZIP	BURNABY, BC CANADA	6.4 CITY - ST - ZIP	Canada V5G 3S8

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 110.07(3)(b), 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 amended, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/12/95 (604) 299-9321

Peter S. Hyndman

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR