

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

**APPROVED
AND
FILED**

1996 MAY -2 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200001811852
-05/07/96--01129--022

3. Date Incorporated or Qualified: 01/25/1991
3a. Date of Last Report: 04/25/1995

PROFIT CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S27379** (4)
1. Corporation Name
KRAEER HOLDINGS, INC.

Principal Place of Business: 200 N FEDERAL HWY, POMPANO BEACH FL 33062
Mailing Address: 4126 NORLAND AVENUE, BURNABY B.C. V5G3S8

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)
City & State (22, 27)
Zip (23, 28)
Country (24, 29, 30)

4. FEI Number: 52-1723832
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
**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33323**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200001811852
83 -05/07/96--01129--023
84 City: *****8.75 *****8.75
85 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: C	<input checked="" type="checkbox"/> DELETE
NAME: LOEWEN, RAYMOND L.	
STREET ADDRESS: 4126 NORLAND AVEUNE	
CITY-ST-ZIP: BURNABY, BC CANADA	
TITLE: P	<input type="checkbox"/> DELETE
NAME: RUSSELL, ROBERT D.	
STREET ADDRESS: 200 N FEDERAL HIGHWAY	
CITY-ST-ZIP: POMPANO BEACH FL	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: FITZSIMMONS, DAVID	
STREET ADDRESS: 800-50 EAST RIVERCENTER BLVD.	
CITY-ST-ZIP: COVINGTON KY	
TITLE: DS	<input type="checkbox"/> DELETE
NAME: FITZSIMMONS, DAVID	
STREET ADDRESS: 800-50 EAST RIVERCENTER BLVD.	
CITY-ST-ZIP: COVINGTON KY	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: RUSSELL, ROBERT D.	
STREET ADDRESS: 200 N FEDERAL HIGHWAY	
CITY-ST-ZIP: POMPANO BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: LOEWEN, RAYMOND L.	
STREET ADDRESS: 4126 NORLAND AVENUE	
CITY-ST-ZIP: BURNABY, BC CANADA	

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	
1.4 CITY-ST-ZIP	
2.1 TITLE: DPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP: ZIP = 33062	
3.1 TITLE: VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: WRIGHT, GARY L.	
3.3 STREET ADDRESS: 800 - 50 EAST RIVERCENTER BLVD.	
3.4 CITY-ST-ZIP: COVINGTON, KY 41011	
4.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP: ZIP = 41011	
5.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: HYNDMAN, PETER S.	
5.3 STREET ADDRESS: 4126 NORLAND AVENUE	
5.4 CITY-ST-ZIP: BURNABY, B.C., CANADA, V5G 3S8	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP: ZIP = 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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: PETER S. HYNDMAN APRIL 30, 1996 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

WSP/AY