

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

****200.00 ****200.00

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

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

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip V5G 3S8 30 Country

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)

83 City

84 City

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: Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME LOEWEN, RAYMOND L.

STREET ADDRESS 4126 NORLAND AVENUE

CITY-ST-ZIP BURNABY, BC CANADA

TITLE P ☐ DELETE

NAME RUSSELL, ROBERT D.

STREET ADDRESS 200 N FEDERAL HIGHWAY

CITY-ST-ZIP POMPANO BEACH FL

TITLE V ☒ DELETE

NAME FITSIMMONS, DAVID

STREET ADDRESS 800-50 EAST RIVERCENTER BLVD.

CITY-ST-ZIP COVINGTON KY

TITLE DS ☐ DELETE

NAME FITSIMMONS, DAVID

STREET ADDRESS 800-50 EAST RIVERCENTER BLVD.

CITY-ST-ZIP COVINGTON KY

TITLE D ☒ DELETE

NAME RUSSELL, ROBERT D.

STREET ADDRESS 200 N FEDERAL HIGHWAY

CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE DPAS ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ZIP = 33062

3.1 TITLE VST ☐ Change ☒ 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 ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ZIP = 41011

5.1 TITLE AS ☐ Change ☒ 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 ☒ Change ☐ 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)