

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

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**Apr 29 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **800 N FEDERAL HWY POMPANO BEACH FL 33062**  
 Mailing Address: **4126 NORLAND AVENUE BURNABY B.C. V5G3S8**

3. Date Incorporated or Qualified: **01/25/1991**      3a. Date of Last Report: **05/07/1996**  
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 State: **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	<b>PASD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUSSELL, ROBERT D</b>	
STREET ADDRESS	<b>200 N. FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HYNDMAN, PETER S</b>	
STREET ADDRESS	<b>4126 NORLAND AVENUE</b>	
CITY-ST-ZIP	<b>BURNABY, B.C. CANADA V5G3S8</b>	
TITLE	<b>VST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WRIGHT, GARY L</b>	
STREET ADDRESS	<b>800-50 EAST RIVERCENTER BLVD.</b>	
CITY-ST-ZIP	<b>COVINGTON KY 41011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FITZSIMMONS, DAVID</b>	
STREET ADDRESS	<b>800-50 EAST RIVERCENTER BLVD.</b>	
CITY-ST-ZIP	<b>COVINGTON KY 41011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOEWEN, RAYMOND L</b>	
STREET ADDRESS	<b>4126 NORLAND AVENUE</b>	
CITY-ST-ZIP	<b>BURNABY, B.C. CANADA V5G3S8</b>	
TITLE		<input type="checkbox"/> DELETE
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STV</b>
3.3 STREET ADDRESS	<b>Rollings, Gregory K.</b>
3.4 CITY-ST-ZIP	<b>681 North Avenue Jonesboro, GA 30236</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 report 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: \_\_\_\_\_ (DATE) \_\_\_\_\_ (OFFICE) \_\_\_\_\_

CR2E034 (9/96)