

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

FILED
Mar 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/25/1991 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 52-1723832 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33323 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|--------------------------------------|---|-------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PASD | 1.1 TITLE | DP |
| NAME | RUSSELL, ROBERT D | 1.2 NAME | |
| STREET ADDRESS | 200 N. FEDERAL HIGHWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | 1.4 CITY-ST-ZIP | |
| TITLE | AS | 2.1 TITLE | DAS |
| NAME | HYNDMAN, PETER S | 2.2 NAME | |
| STREET ADDRESS | 4126 NORLAND AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURNABY, B.C. CANADA V5G3S8 | 2.4 CITY-ST-ZIP | |
| TITLE | STV | 3.1 TITLE | ST |
| NAME | ROLLINGS, GREGORY K | 3.2 NAME | |
| STREET ADDRESS | 681 NORTH AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JONESBORO GA | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | VP |
| NAME | FITZSIMMONS, DAVID | 4.2 NAME | JEFFREY L. CASHNER |
| STREET ADDRESS | 800-50 EAST RIVERCENTER BLVD. | 4.3 STREET ADDRESS | 801 TEAS ROAD |
| CITY-ST-ZIP | COVINGTON KY | 4.4 CITY-ST-ZIP | CONROE, TX 77303 |
| TITLE | D | 5.1 TITLE | AS |
| NAME | LOEWEN, RAYMOND L | 5.2 NAME | PAUL HART |
| STREET ADDRESS | 4126 NORLAND AVENUE | 5.3 STREET ADDRESS | 3190 TREMONT AVENUE |
| CITY-ST-ZIP | BURNABY, B.C. CANADA V5G3S8 | 5.4 CITY-ST-ZIP | TREVOSE, PA 19053-6693 |
| TITLE | | 6.1 TITLE | 200002470832 |
| NAME | | 6.2 NAME | -03/27/98--01073--004 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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 the attachment with an address.

CR2E034 (10/97)