

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 019 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # S27379**

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. V5G3S-8

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/25/1991**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** 299 NORTH FEDERAL HIGHWAY  
 Suite, Apt. #, etc. **22**

City & State  
**23** FT. LAUDERDALE, FL

Zip **24** 33301 Country **25** U.S.A.

2a. Mailing Address  
**26**  
 Suite, Apt. #, etc. **27**

City & State  
**28**

Zip **29** Country **30** CANADA

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**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0501 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL, ROBERT D 200 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HYNDMAN, PETER S 4126 NORLAND AVENUE BURNABY, B.C. CANADA V5G3S8 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL WAGLER 4126 NORLAND AVENUE BURNABY, B.C., CANADA V5G 3S8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROLLINGS, GREGORY K 681 NORTH AVE. JONESBORO GA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEAN M. GILCHRIST 801 TEAS ROAD CONROE, TX 77303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASHNER, JEFFREY L 801 TEAS ROAD CONROE TX 77303 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWEN, RAYMOND L 4126 NORLAND AVENUE BURNABY, B.C. CANADA V5G3S8 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETER B. GRAY 3190 TREMONT AVENUE TREVOSSE, PA 19053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HART, PAUL 3190 TREMONT AVENUE TREVOSSE PA 19053-6693 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE M. AMATO 4145-58TH STREET WOODSIDE, NY 11377

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 2 or Block 13, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ PETER S. HYNDMAN April 20, 1999 (604) 299-9321  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001615

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