

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H34179** (2)

1. Corporation Name

KADEK ENTERPRISES OF FLORIDA, INC.



Principal Place of Business

12777 STATE HWY. 82
LEHIGH ACRES FL 33970
US

Mailing Address

C/O LOEWEN GROUP
4126 NORLAND AVE.
BURNABY B.C. V5G 3S8
CA

3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 04/25/1995
4. FEI Number 59-2502540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLODEK, THOMAS F.	12 NAME	
STREET ADDRESS	12777 SR 82	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	000001794720
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLODEK, THOMAS F.	22 NAME	-04/25/96--01071--012
STREET ADDRESS	12777 SR 82	23 STREET ADDRESS	***200.00
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	32 NAME	
STREET ADDRESS	4126 NORLAND AVE.	33 STREET ADDRESS	ZIP = V5G 3S8
CITY-ST-ZIP	BURNABY B.C. CANADA V5G3-8	34 CITY-ST-ZIP	
TITLE	DST	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, DAVID	42 NAME	
STREET ADDRESS	800-50 EAST RIVERCENTRE BLVD.	43 STREET ADDRESS	COVINGTON, KY 41011
CITY-ST-ZIP	COVINTON KY 41011	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	AS
STREET ADDRESS		53 STREET ADDRESS	HYNDMAN, PETER S.
CITY-ST-ZIP		54 CITY-ST-ZIP	4126 NORLAND AVENUE
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	AS
STREET ADDRESS		63 STREET ADDRESS	SWANSON, RICK
CITY-ST-ZIP		64 CITY-ST-ZIP	12540 WOODTIMBER LANE
			FT. MYERS, FL. 33913

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 if changed, or on an attachment with an address.

SIGNATURE: _____ PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

CRE034 (12/95)