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FILED
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 # 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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/14/1984**
 3a. Date of Last Report: **04/25/1996**
 4. FEI Number: **59-2502540**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GLODEK, THOMAS F.	
STREET ADDRESS	12777 SR 82	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLODEK, THOMAS F.	
STREET ADDRESS	12777 SR 82	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FITZSIMMONS, DAVID	
STREET ADDRESS	800-50 EAST RIVERCENTRE BLVD.	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SWANSON, RICK	
STREET ADDRESS	12540 WOODTIMBER LANE	
CITY-ST-ZIP	FT. MYERS FL 33913	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	230-13th Avenue, NE	
1.4 CITY-ST-ZIP	Minneapolis, MN 55413	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T only (not a director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" 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 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 an attachment with an address.

SIGNATURE: **Peter S. Hyndman** 1/13/97 (604) 299-9321

CR2E034 (9/96)