

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
99 APR 27 PM 1:27  
TALLAHASSEE, FLORIDA

**DOCUMENT # H34179**  
1. Corporation Name  
**KADEK ENTERPRISES OF FLORIDA, INC.**

Principal Place of Business: 12777 STATE HWY. 82, LEHIGH ACRES FL 33670, US  
Mailing Address: C/O LOEWEN GROUP, 4126 NORLAND AVE, BURNABY B.C. V5G 3S8, CA

4/27/99 90012/014 \$160.00  
DO NOT WRITE IN THIS SPACE

2. Principle Place of Business  
2a. Mailing Address  
21. Suite, Apt. #, etc.  
22. City & State  
23. FORT MYERS, FL  
24. Zip 33913  
25. Country U.S.A.

3. Date Incorporated or Qualified: 12/14/1984  
4. FEI Number: 59-2502540  
5. Certificate of Status Desired:  \$6.75 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

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

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GLODEK, THOMAS F.	
STREET ADDRESS	230-13TH AVE., N.E.	
CITY-STATE-ZIP	MINNEAPOLIS MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CASHNER, JEFFREY L	
STREET ADDRESS	801 TEAS ROAD	
CITY-STATE-ZIP	CONROE TX 77303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SWANSON, RICK	
STREET ADDRESS	12540 WOODTIMBER LANE	
CITY-STATE-ZIP	FT. MYERS FL 33913	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROLLINGS, GREGORY K	
STREET ADDRESS	681 NORTH AVENUE	
CITY-STATE-ZIP	JONESBORO GA 30236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL WAGLER	
1.3 STREET ADDRESS	4126 NORLAND AVENUE	
1.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEAN M. GILCHRIST	
2.3 STREET ADDRESS	801 TEAS ROAD	
2.4 CITY-STATE-ZIP	CONROE, TX 77303	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PETER B. CRAY	
5.3 STREET ADDRESS	3190 TREMONT AVENUE	
5.4 CITY-STATE-ZIP	TREVOSE, PA 19053	
6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE M. AMATO	
6.3 STREET ADDRESS	4145-58TH STREET	
6.4 CITY-STATE-ZIP	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 12 or Block 13 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED: PETER S. HYNDMAN  
Date: APR 11 20, 1999 (604) 299-9321

CR2E034 (1/98)