

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90060 045 \*\*\*150.00

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

Principal Place of Business 12777 STATE HWY. 82 FORT MYERS FL 33913 US	Mailing Address C/O LOEWEN GROUP 4126 NORLAND AVE. BURNABY B.C. V5G 3S8 CA
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2502540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WAGLER, PAUL</b> 4126 NORLAND AVENUE BURNABY, B.C., CANADA V5G3S8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED LIST OF ALL DIRECTORS AND OFFICERS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GILCHRIST, SEAN M</b> 801 TEAS ROAD CONROE TX 77303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3205 WEST DAVIS, SUITE 200A CONROE, TX 77304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CASHNER, JEFFREY L</b> 801 TEAS ROAD CONROE TX 77303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3205 WEST DAVIS, SUITE 200A CONROE, TX 77304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>HYNDMAN, PETER S.</b> 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRAY, PETER B</b> 3190 TREMONT AVENUE TREVOSE PA 19053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AS</b> 3205 WEST DAVIS, SUITE 200A CONROE, TX 77304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>AMATO, GEORGE M</b> 4145-58TH STREET WOODSIDE NY 11377 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Peter S. Hyndman April 14, 2000 (604) 299-9321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

ATTACHED TO  
OFF # 34179

ATTACHED TO AND FORMING PART OF FLORIDA 2000 UNIFORM BUSINESS  
REPORT (UBR) FOR **KADEK ENTERPRISES OF FLORIDA, INC.:**

947306

Names and Business Addresses of ALL Officers and Directors:

Director: Weedon, Michael G.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Director, Vice President  
& Assistant Secretary Hyndman, Peter S.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

President: Cashner, Jeffrey L.  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Vice President: Gilchrist, Sean M.  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Vice President: Hawes, Dwight K.  
4126 Norland Avenue  
Burnaby, B.C., Canada V5G 3S8

Vice President: Kerr, Malcolm P.  
45 South Avenue, Suite 100  
Marietta, GA 30060

Secretary & Treasurer: Hardiman, Joseph T.  
311 Elm Street, Suite 1000  
Cincinnati, OH 45202

Assistant Secretary: Gushulak, Ronald  
3205 West Davis, Suite 200A  
Conroe, TX 77304

Assistant Secretary: Gray, Peter B.  
3205 West Davis, Suite 200A  
Conroe, TX 77304