

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H71750 (4)**
1. Corporation Name
**KANE, SINGER, PLANCK, DONOGHUE, CLARK & MIXSON,
P.A.**

Principal Place of Business % THOMAS G. KANE 1286 S. FLORIDA AVE.#1 ROCKLEDGE FL 32955	Mailing Address % THOMAS G. KANE 1286 S. FLORIDA AVE.#1 ROCKLEDGE FL 32955
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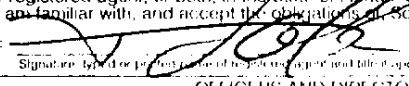


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 % THOMAS G. KANE Suite, Apt. #, etc. 22 1329 BEDFORD DRIVE, Ste. 1 City & State 23 MELBOURNE, FL Zip Country 24 32940 25 USA		2a. Mailing Address 26 % THOMAS G. KANE Suite, Apt. #, etc. 27 1329 BEDFORD DRIVE, Ste. 1 City & State 28 MELBOURNE, FL Zip Country 29 32940 30 USA		3. Date Incorporated or Qualified 08/14/1985	
		4. FEI Number 59-2562499		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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

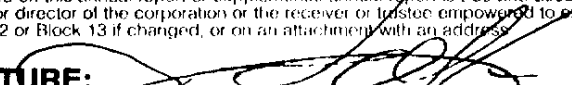
9. Name and Address of Current Registered Agent KANE, THOMAS G. 1286 S. FLORIDA AVE.#1 ROCKLEDGE FL 32955				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1329 BEDFORD DRIVE 83 SUITE ONE 84 City MELBOURNE FL 85 Zip Code 32940			
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11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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  **THOMAS G. KANE** DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	☒ Change ☐ Addition		
NAME	KANE, THOMAS G.			1.2 NAME			
STREET ADDRESS	1286 S. FLORIDA AVE.#1			1.3 STREET ADDRESS	1329 BEDFORD DRIVE, Suite ONE		
CITY-ST-ZIP	ROCKLEDGE FL			1.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
TITLE		☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 if changed, or on an attachment with an address.

SIGNATURE:  **THOMAS G. KANE** 2/14/98 407 254 2280

CR2E034 (10/97)