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Secretary of State

04-20-1999 90081 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **192881**

1. Corporation Name
KANE FURNITURE CORPORATION

Principal Place of Business	Mailing Address
~~M A ROTHMAN~~	~~M A ROTHMAN~~
5700 70TH AVE. NO	5700 70TH AVE. NO
PINELLAS PARK FL ~~34665~~-4238	PINELLAS PARK FL ~~34665~~-4238
33781	33781

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed: 05/03/1956	
21	26	4. FEI Number: 59-0791370	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NOVACK, IRWIN M 5700 70TH AVE N PINELLAS PARK FL 33781	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☒ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	SHANE, JOEL		1.2 NAME	HUMBOLDT, JAMES
STREET ADDRESS	5700 70TH AVE N		1.3 STREET ADDRESS	5700 70TH AVE. NO.
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, MARGIE		2.2 NAME	
STREET ADDRESS	5700 70TH AVE N		2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781		2. 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NOVACK, IRWIN M		3.2 NAME	
STREET ADDRESS	5700 70TH AVE NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		3.4. CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROTHMAN, THELMA P		4. 2 NAME	
STREET ADDRESS	5700 70TH AVE NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TURVILLE, EDWARD A		5.2 NAME	
STREET ADDRESS	501 FIRST AVE NORTH #801		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		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	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/1/99 (727) 545-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #