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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 420940

KANE'S APPLIANCE SERVICE, INC.

Principal Place of Business

940 MIRAÇLE MILE

Mailing Address

940 MIRACLE MILE

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90012 006 ***150.00



VEHO BEACH FL 32960		VEHO BEACH FL 32960		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				03/09/1973	
2. Principal Pl	lace of Business	2a. Mailing Address	hin an	4. FEI Number	Applied For
21		26 2345 30V	Ave. S.W.	59-1448236	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
22		27			Fee Required
City & State	e	City & State	7 1		55.00 May Be
23		28 Vero Beach	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 32968 30	Indian River	8. This corporation owes the current year Intangit Personal Property Tax.	
24	9. Name and Address of Current		ungian Niver	10. Name and Address of New Registered Ager	
	9. Name and Address of Curren	t Negistered Agent	81 Name	To. Hallo dila Madroto di New Magretore Mga	
KAN	E, JOHN W				
2345 30TH AVENUE, SW VERO BEACH FL 32968			Street Address (P.O. Box Number is Not Acceptable)		
			83		
					J. 7. 0. I
			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	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Reg	istered Agent signature required	d when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	Р		1.1 TITLE		Change
NAME	KANE, JOHN W		1.2 NAME		
STREET ADDRESS	P.O. BOX 6464 N/A	[1.3 STREET ADDRESS		[]
CITY-ST-ZIP	VERO BCH FL 32961		1,4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		Change 🔲 Addition '
NAME	Kane, Geraldine		2.2 NAME		į
STREET ADDRESS	2345 30TH AVE SW		2.3 STREET ADDRESS		İ
CITY-ST-ZIP	VERO BEACH, FL 32968		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS		1	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Ц	Change
NAME			4, 2 NAME		į.
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		A 1400-
TITLE			5.1 TITLE	LI	Change
NAME .			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Ol
TITLE		23 0000.12	6.1 TITLE	Ц	Change
NAME			6.2 NAME		
STREET ADDRESS		j	6.3 STREET ADDRESS		

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: <u>Geraldine Kane</u> <u>Geraldine Kane</u> <u>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</u>

4/29/99 561-567-7809