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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 462297 (3)

1. Corporation Name  
KANE SIGN CO., INC.

Principal Place of Business  
101 S. CONGRESS AVE.  
DELRAY BEACH FL 33445

Mailing Address  
101 S. CONGRESS AVE.  
DELRAY BEACH FL 33445-4885



3. Date Incorporated or Qualified 11/05/1974	3a. Date of Last Report 02/05/1996
4. FEI Number 59-1566658	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

KANE, THOMAS G., JR.  
926 SW 27TH TERRACE  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name KANE THOMAS G JR
82 Street Address (P.O. Box Number is Not Acceptable) 9069 EL PASO DR.
83
84 City LAKE WORTH
85 Zip Code FL 33467

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KANE, THOMAS G. JR	
STREET ADDRESS	926 SW 27TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KANE, KEVIN A.	
STREET ADDRESS	10230 97TH PL. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANE, DAVID P.	
STREET ADDRESS	926 SW 27TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KANE THOMAS G. JR.	
1.3 STREET ADDRESS	9069 EL PASO DR	
1.4 CITY-ST-ZIP	LAKE WORTH FL. 33467	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KANE Kevin A	
2.3 STREET ADDRESS	8763 PINION DR	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
3.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAVID KANE	
3.3 STREET ADDRESS	12109 53rd Rd. N.	
3.4 CITY-ST-ZIP	Royal Palm Bch FL. 33411	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Kevin A Kane KEVIN A. KANE 4-25-97 (561) 272-4480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)