


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

FILED

Apr 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 # 462297 (3)
1. Corporation Name
KANE SIGN CO., INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 S CONGRESS AVE Suite, Apt. #, etc. 22 City & State 23 DELRAY Bch FL Zip 24 33445		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/05/1974	
25 Palm Bch		30		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 owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMAS, KANE G. JR. 926 SW 27TH TERRACE 9089 EL PASO DR. LAKE WORTH FL 33467		10. Name and Address of New Registered Agent 81 Name Kevin A Kane 82 Street Address (P.O. Box Number is Not Acceptable) 8763 PINION DR. 83 84 City Lake WORTH FL 85 Zip Code 33467	
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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 Kevin A Kane Kevin A Kane DATE 4-6-98
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	PD	1.1 TITLE	P-T
NAME	KANE, THOMAS G, JR	1.2 NAME	Kevin A Kane
STREET ADDRESS	969 EL PASO DR.	1.3 STREET ADDRESS	8763 PINION DR
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	T	2.1 TITLE	V-S
NAME	KANE, KEVIN A.	2.2 NAME	DAVID P. Kane
STREET ADDRESS	8763 PINION DR.	2.3 STREET ADDRESS	12109 53rd Road N.
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	ROYAL Palm Bch FL 33411
TITLE	V	3.1 TITLE	
NAME	KANE, DAVID P.	3.2 NAME	
STREET ADDRESS	12109 53RD ROAD N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Kevin A Kane Kevin A Kane DATE 4-6-98 561-272-4480

CR2E034 (10/97)