

## 2002 PROFIT CORPORATION ANNUAL REPORT

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)FILED  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90060 029 \*\*\*150.00

DOCUMENT # 462297 ✓

1. Entity Name

Kane Sign Co. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8763 PINION DR

3. Mailing Address

8763 PINION DR

Suite, Apt. #, etc.

LAKE WORTH FL.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

33467 USA

City &amp; State

LAKE WORTH FL.

4. FEI Number

59-1566658

Applied For

Not Applicable

Zip

Country

Zip

33467

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name KEVIN A. KANE

Street Address (P.O. Box Number is Not Acceptable)

8763 PINION DR.

City LAKE WORTH

FL

Zip Code

33467

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Kevin A. Kane PRES.

4-17-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRES.  
NAME KEVIN A. KANE  
STREET ADDRESS 8763 PINION DR.  
CITY - ST - ZIP LAKE WORTH FL 33467TITLE VICE PRES.  
NAME DAVID P. KANE  
STREET ADDRESS 12109 53 RD. NORTH  
CITY - ST - ZIP ROYAL PALM BCH, FL 33411TITLE  
NAME  
STREET ADDRESS  
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin A. Kane 4-17-02 (561) 649-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)