

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 21 1997 8:00am
Secretary of State**DOCUMENT # N93000001929 (9)**

1. Corporation Name

JANET AND STANLEY KANE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**539 NORSOTA WAY
SARASOTA FL 34242****539 NORSOTA WAY
SARASOTA FL 34242-1029**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Cntry

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANE, STANLEY B
539 NORSOTA WAY
SARASOTA FL 34242**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KANE, STANLEY B	
STREET ADDRESS	539 NORSOTA WAY	
CITY - ST - ZIP	SARASOTA FL	

1.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 ME	
1.3 STREET ADDRESS	
1.4 Y - ST - ZIP	

TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	KANE, JANET	
STREET ADDRESS	539 NORSOTA WAY	
CITY - ST - ZIP	SARASOTA FL	

2.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 ME	
2.3 STREET ADDRESS	
2.4 Y - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE-HARTNETT, BETSY	
STREET ADDRESS	6131 GULF OF MEXICO BLVD	
CITY - ST - ZIP	LONGBOAT KE	

3.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 ME	
3.3 STREET ADDRESS	
3.4 Y - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE-HELLWEG, PRISCILLA	
STREET ADDRESS	1036 NORTHAMPTON ST	
CITY - ST - ZIP	HOLYOKE MA	

4.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 ME	
4.3 STREET ADDRESS	
4.4 Y - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, KATHERINE	
STREET ADDRESS	BRAEBURN FARM	
CITY - ST - ZIP	FREE UNION VA	

5.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 ME	
5.3 STREET ADDRESS	
5.4 Y - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 ME	
6.3 STREET ADDRESS	
6.4 Y - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063713

CR2E037 (9/96)