

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

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Apr 24 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 # P93000061978 (1)

1. Corporation Name
STEVEN H. KANE, P.A.



Principal Place of Business
1800 SUMMIT TOWER BLVD.
STE. 800
ORLANDO FL 32810
US

Mailing Address
1800 SUMMIT TOWER BLVD.
STE. 800
ORLANDO FL 32810-5820
US

3. Date Incorporated or Qualified
09/01/1993
3a. Date of Last Report
07/24/1996
4. FEI Number
58-3200709
Applied For
Not Applicable

2. Principal Place of Business
21 1061 MAITLAND CENTER COMMONS
Suite, Apt. #, etc.
22 SUITE 106
City & State
23 MAITLAND FL
Zip
24 32751
Country
25 U.S.A.
2a. Mailing Address
26 1061 MAITLAND CENTER COMMONS
Suite, Apt. #, etc.
27 SUITE 106
City & State
28 MAITLAND FL
Zip
29 32751
Country
30 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KANE, STEVEN H
1900 SUMMIT TOWER BLVD.
STE. 800
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name STEVEN H. KANE
82 Street Address (P.O. Box Number is Not Acceptable)
1061 MAITLAND CENTER COMMONS
83 SUITE 106
84 City MAITLAND FL 85 Zip Code 32751

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 *Steven H. Kane* STEVEN H. KANE 4/16/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, STEVEN H	1.2 NAME	
STREET ADDRESS	1900 SUMMIT TOWER BLVD., STE. 800	1.3 STREET ADDRESS	1061 MAITLAND CENTER COMMONS
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	SUITE 106 MAITLAND, FL 32751
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Steven H. Kane* STEVEN H. KANE 4/16/97 (407) 661-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)