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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015782 (0)

ROBERT M. KANE, INC.

FILED Jan 15 1998 8:00am Secretary of State

|--|--|

0.0 DE1.00.11 MAN					
349 PELICAN WAY	349 PELICAN WAY				
DELRAY BEACH FL 33483	DELRAY BEACH FL 33483		DO NOT WRITE IN THIS S	PACE	
			3. Date Incorporated or Qualified	FACE	
			`		
			02/14/1997	1 1.	
2. Principal Place of Business 21 349 PECICAN WAY	2a. Mailing Address	· lace	4. FE Number		plied For
	349 PEUCAN	V WAY	05-0145161		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75	
	27		VI COMMONICO VI CAMBO DOCUMO	Fee Re	equired
City & State	Sity & State DEURY PAR	11.4	6. Election Campaign Financing	\$5.00	Мау Ве
	-0		Trust Fund Contribution.	Added t	
Zip Country	_ Zip	Country	8. This corporation owes or has paid the curr	ent year Int	angible
	- 1	10 PACM PAGEL			ŤNo :
9. Name and Address of Current Re	gistered Agent		10. Name and Address of New Registered A	\gent	
KANE, ROBERT M		81 Name 0	DEDT M. KANE		
			ess (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33483			5 PELICAW WAY		
DELRAT DEACTIFE 33403		83	· / 22 / / /		
		84 City	(RAY BEACH FL	85 Zp	Code 483
dd Daw and by the man deline of Continue COT 0500 an	4 007 4500 Florida Statuta		(10) 7 / 52 / (10)	1 122	400
11. Pursuant to the provisions of Sections 607.0502 an office or registered agent, or both, in the State of F agent. I am familiar with and accest the obligation	d 607. 1508, Fiorida Statutes Iorida. Such change was au	s, the above-hamed corpt thorized by the corporation	oration submits this statement for the purpose of on's board of directors, I hereby accept the appo	changing to pintment as	s registered realstered
agent. I am familiar with and accept the obligation	s of, Section 607.0505, Flori	da Statutes.	,		
SIGNATURE	· /*	ROBERT M. KAN	VE /~	550	
Signature, typed or printed name of registered agent and		Registered Agent signature require			
12. OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND	_	
TITLE PRESIDENT	DELETE	1.1 TITLE		L Change	☐ Addition
NAME KOBERTM. KANE		1.2 NAME			
STREET ADDRESS 349 PELICAN WAY	_	1.3 STREET ADDRESS			
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELKAY BRALK, FL 3348	3	1,4 CITY-ST-ZIP			
TITLE (YNN J.KANE - U.P.	DELETE	2.1 TITLE		Change	Addition
NAME 240 2		2.2 NAME			İ
CTREET ADDRESS DYS PECION WAS		2.3 STREET ADDRESS			
Accorded Waren C. 25 (2)	5	2. 4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·		
			•	Change	Addition
				Change	Addition
NAME		3.2 NAME	•	Change	Addition
STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip 4.1 Title		Change Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip 4.1 Title			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	_	3.2 NAME 3.3 STREET ADDRESS 3.4. City - St - Zip 4.1 TITLE 4. 2 NAME			
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	_	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	_	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	_	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		Change Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	_	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		Change Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		Change Change	Addition Addition

r nereby certify that the information supplied with this filling 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 or arratecyment with an address.

276.6340