


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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P98000053311 1. Corporation Name H. T. KANE, INC.																													
Principal Place of Business 3129 BEACH BLVD SOUTH GULFPORT FL 33707			Mailing Address 770 CAPRI BLVD TREASURE ISLAND FL 33708																										
DO NOT WRITE IN THIS SPACE																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/15/1998 4. FEI Number 59-3516569 5. Certificate of Status Desired - <input checked="" 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
9. Name and Address of Current Registered Agent KANE, HELGA 3129 BEACH BLVD SOUTH GULFPORT FL 33707			10. Name and Address of New Registered Agent 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 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 607.0605, Florida Statutes.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____																													
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KANE, HELGA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>770 CAPRI BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TREASURE ISLAND FL 33708</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE	NAME	KANE, HELGA		STREET ADDRESS	770 CAPRI BLVD		CITY-ST-ZIP	TREASURE ISLAND FL 33708		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME			13 STREET ADDRESS			14 CITY-ST-ZIP		
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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, with all other like empowered.

SIGNATURE:

Helga Kane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 (724) 347-9204
 Date Daytime Phone

CR2E034 (1/89)