

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005636 (3)**  
1. Corporation Name  
**SO CAN I, INC.**



Principal Place of Business <b>831 MARLBORO DRIVE DELAND FL 32724</b>	Mailing Address <b>831 MARLBORO DRIVE DELAND FL 32724-2049</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/31/1996</b>	3a. Date of Last Report <b>Initial Report</b>
21	26 <b>P.O. Box 1256</b>	4. FEI Number <b>59-3409678</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 <b>Deland FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 <b>32721</b>	30 <b>USA</b>
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CHARMAN, CHRIS B 831 MARLBORO DRIVE DELAND FL 32724</b>		81 Name <b>Brian J. Sargent</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1025 S. Beach Street</b>
		83 <b>Apt. 155</b>	84 City <b>Daytona Beach FL</b>
		85 Zip Code <b>32114</b>	

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: **Brian J. Sargent**, **President** *[Signature]* **4/25/97**  
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	<b>President, Director</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brian J. Sargent</b>	1.2 NAME	
STREET ADDRESS	<b>1025 S. Beach Street, Apt. 155</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Daytona Beach, FL 32114</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Chris Charman, Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>	2.2 NAME	
STREET ADDRESS	<b>931 Marlboro Drive</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Deland, FL 32724</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Sec./Treas., Director</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ann McHugh</b>	3.2 NAME	
STREET ADDRESS	<b>1450 Mauch Chunk Lane</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jim Thorpe, PA 18229</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Brian J. Sargent** *[Signature]* **4/25/97** **904 734-0506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013503

CR2E037 (9/96)