Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90066 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021163

1. Corporation Name

CITY-ST-ZIP

WE-CAN, INC.

Principal Flace of Business Mailing Address						filf Oblig Light IINNI IIRIN I	ALIAN AINE IANI
2198 MAIN ST		2199 MAIN ST					
391-		SARASOTA FL 34237 US			DO NOT WRITE IN THE SPACE		
SARASOTA FL 34237				DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed 03/22/1993		
0 D: -in-10	In a different control of Business	2a Mailing Address			4. FEI Number		lied For
2. Principal Place of Business		2a. Mailing Address			65-0395812	<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	
22		27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Electic n Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	n: Registered Agent		.,	10. Name and Address of New Regi	stered Agent	
PETI	ER J. JAENSCH, P.A.		1	81 Name			
3400 S TAMIAMI TRAIL 2198 Maju St.				82 Street Ad	dress (P.O. Bo): Number is Not Acceptable)	\
		sota, FL 34237	7	83			
			Ĺ				-
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	64 City		FL 85 Zip C	ode
office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a at ons of, Section 607.0505, FI:	uthorized orida Statut	by the corpora	rporation submits this statement for the purition's board of directors. I hereby accept th	e appointment as reg	istered
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	13.	igent signature requ	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D OFFICERS AI	DELETE	1.1 TITL	F	7,001111710/011111020 TO 011101	Change	Addition
NAME :	NADROFSKY, RONALD		1.2 NAM			•	•
STREET ADDRESS	440 DI ANITATIONI DD		1.3 STR	REET ADDRESS			}
CITY-ST-ZIP	TITUSVILLE FL 32780			r-ST-ZIP	329BO		
TITLE	D	□ DELETE	2.1 TITL			☐ Change	Addition
NAME	NADROFSKY, CAROL		22 NAM	AE.			
STREET ADDRESS	149 PLANTATION DR		2.3 STR	REET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL		2. 4 CIT	Y-ST-ZIP	32980		
TITLE		☐ DELETE	3.1 TITL	E	-	☐ Change	☐ Addition
NAME			3.2 NA	AE			
STREET ADDRESS			3.3 STR	REET ADDRESS			}
CITY-ST-ZIP			3. <u>4</u> . CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4,1 TITL	E		Change	Addition
NAME			4, 2 NA	ME			
STREET ADDRESS			4,3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TM			☐ Change	Addition
NAME			5,2 NA				
STREET ADDRESS				REET ADDRESS			}
CITY-ST-ZIP				Y-ST-ZIP		Character 1	Addison
TITLE		☐ DELETE	6.1 TITL			☐ Change	☐ Addition
NAME			6.2 NA				
STREET ADDRESS			6.3 STF	REET ADDRESS			I

14. Herebild 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 recuired 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:

6.4 CITY-ST-ZIP