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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027498 (2)

I-CAN ENTERPRISES, INC.

Principal	Place of	B usiness					

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business 521 SABAL PALM DR LAKE PARK FL 33403		Mailing A	Mailing Address				•			
			521 SABAL PALM DR LAKE PARK FL 33403-2223							
						3. Date Incorporated or Qualified 04/07/1994	3a. Date of Last Report 05/09/1996			
2. Principal P	Place of Business	2a. Mailin	g Address			4. FEI Number		A	oplied For	
21	21		26			65-0488415 Not Applicable				
Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution	Added to Fees			
Zip 24	Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Currer		\gent			10. Name and Address of New Re-	gistered Age	nt		
AC/	ANFORA, FRANK P			81	Name					
521	SABAL PALM DR CE PARK FL 33403			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
	IL I MINITE SOTOS			83				· · · · · · ·		
				84	City	······································	FL ⁸	5 Zip	Code	
office or r agent. I a	to the provisions of Sections 607 Section 607 S	Z/	_			rporation submits this statement for the pation's board of directors. I hereby accepaired when reinstating)	the appoint	ment as 1/97	registered registered	
12.	OFFICERS AN	D DIRECTORS		18.		ADDITIONS/CHANGES TO OFFIC		RECTO	RS IN 12	
TITLE	D		DELETE	1.1 TITLE				Change	Addition	
NAME	ACANFORA, FRANK P			1.2 NAME	1					
STREET ADDRESS	521 SABAL PALM DR			1.3 STREE	ADDRESS					
CITY-ST-ZIP	LAKE PARK FL 33403			1.4 CITY - 9	S1-ZIP					
TITLE	VD		DELETE	2.1 TITLE				Change	Addition	
NAME	FENTON, SANDRA J			2.2 NAME						
STREET ADDRESS	521 SABLE PALM DR			2.3 STREET	1 ADDRESS					
CITY-ST-ZIP	LAKE PARK FL		_	2. 4 CITY -	S1-ZIP					
TITLE			☐ DELETE	3.1 TITLE				Change	Addition	
NAME]			3.2 NAME						
STREET ADDRESS				3.3 STREET	T ADDRESS					
CITY-ST-ZIP				3.4. CITY -	S1-ZIP	······································		<u> </u>		
TITLE			☐ DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				1	1 ADDRESS					
CITY-ST-ZIP	-		DELETE	4.4 C(TY - 5.1 TITLE	ST-ZIP			Change	Addition	
TITLE			FIII DELETE	5.1 TITLE 5.2 NAME			ں	วาเลเซซ	Em Addition	
NAME CTRCCT ADDOCCC				- 1	1 1000000					
STREET ADDRESS				•	I ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - 1 6.1 TITLE	DI-ZIP			Change	Addition	
NAME			period	6.2 NAME			u u	Starigo		
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP	<u> </u>			64 CHY-	51-214	The second secon				

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 18 if changed, or on an attachment with an address.