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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000086952 (5)

I CAN PRODUCTS, INC.

## FILED May 12 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	····						
719 E. MAGN APOPKA FL 3	OLIA STREET		710 E. MAGNOLIA STREET			L.			
						3. Date incorporated or Qualified	3s. Date of La		ort
2. Principal Place of Business 2a, Mailing Address						4. FEI Number	11/10/1995 05/01/1996 I. FEI Number Applied For		
21		26				59-3358971	ļ		pplicable
Suite. Apt.	#, elc	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>75</b> Add	
22   27							Fe	e Requi	
23 City & Siai	C,	28				Election Campaign Financing     Trust Fund Contribution		.00 Ma	
Ζφ	Country	Zip	Co.	ıntry	······································	8. This corporation has liability for in			
24	25	29	30			Florida Statutes	Yes 🔀 No		
	9. Name and Address of Currer	nt Registered Agent		B1		10. Name and Address of New Reg	Istered Agent		
	BINO, NICHOLAS J ESQ.	•		וישן	Name				
535 VERSAILLES DRIVE STE 150				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MA	ITLAND FL 32751			83					
				84	City		FL  85	Zip Coo	Je
11. Pursuant office or ragent La	to the provisions of Sections 607,050 registered agent, or both, in the State in familiar with, and accept the oblig	)2 and 607,1508, Florida State of Florida. Such change was ations of, Section 607,0505, F	utes, the a authorize lorida Sta	bove d by tutes	e-named corporations.	oration submits this statement for the pi ion's board of directors. I hereby accep	rpose of chang the appointmen	ing its re nt as reç	egistered gistered
SIGNATURE	Signature Typed or printed name of registered age	ent and tille if annlicable (NC	OTF Registere	d Ade	nt signature require	ed when reinstating)	DATE	<del></del>	
12.		ID DIRECTORS	13.	- Age	in any count radges	ADDITIONS/CHANGES TO OFFIC		TORS	N 12
TILLE	D	☐ DELETE	1.1 T	TLE			Cha	inge [	Addition
NAM:	ROSENBERG, PAMELA		1.2 N	AME			,		[;
STREET ADDRESS	719 E. MAGNOLIA STREET		1.3 S	TREET	ADDRESS				\ <i>i</i>
CHTY - ST - ZiF	APOPKA FL 32703	☐ DELETE	1.4 CITS ELETE 2.1 TITE		T-ZIP		L Cha	nna T	Addition
TO JE NAME	D Rosenberg, Richard G	<del></del>					L_] UI	inge L	Addition
STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS		₹`.	14		
CHY-\$1-7-P	APOPKA FL 32703				ST-ZIP				1
TIL			3.1 TITLE			Cha	inge [	Addition	
NAMÉ			3.2 N	AME	-	•			
STREET ADDRESS			3.3 S	TREET	ADDRESS				į
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THEF		☐ DELETE	4.1 T				L Cha	nge L	Addition
NAME CHALL PRODUCE				NAME TOCCT	ADDRESS				
STREET ADDRESS  CITY-ST-ZiP			1		ADDRESS T-ZIP				
JULTE		DELETE	5.1 T		· 4R		☐ Cha	inge [	Addition
NAME:			5.2 N	AME	1				
STREET ADDRESS			5.3 S	TAFET	ADDRESS				ļ
City - St - ZiP			5.4 0	ITY-S	T-2(P				
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NAME			6.2 N						
STHEET ADDRESS					ADORESS				Ì
City-St-Z-F		June Alic Oir a June 18	640	IIY-S	T-ZIP	Lie Contine 440 07/2V/S Fleride Stat de	16.36	Ab = 0 Ab .	

I. 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 trust the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address.

SIGNATURE

ATUNE AND TYPED OF PRINTED HAME OF SIGNATURE OF DIRECTOR

97 407-890-9378