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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 21 1998 8:00am Secretary of State

1, Corporation	ICAN TURB	o systems,		9799 (4))							
Principal Place of Business			Maile	Mailing Address					18131 88 111 8 1	U U U I I I I I I I	iata iati iaa	
3435 ENTERPRISE AVE #50 NAPLES FL 34104				3435 ENTERPRISE AVE #50 NAPLES FL 34104								
MAPLES PL	34104		NAP	2LES FL 341U4				DO NOT WRIT	E. IN THIS	3 SPACE		
							ļ.	3. Date Incorporated or Qualified				7
				. •,- · · · · · · · · · · · · · · · · · · ·				06/04/1997				
2. Principal Place of Business			n	2e. Mailing Address				4.65-075809	20	<u> </u>	pplied For	
Suite, Apt. #, etc.			26]	Suite, Apt. #, etc				03 91300			ot Applicable	:
22			h "i	27				5. Certificate of Status Desired			Additional equired	ļ
City & State				City & State				6. Election Campaign Financing			<u></u>	1
23			28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		7	Zip (Country		8. This corporation owes or has p	aid the ci	urrent year In	tarjoible	
24	9. Name and Address of Curren		[29]	J		T		Personal Property Tax due Jur			No	
100			irrent Register	rea Agent	81	Name		O. Name and Address of New F	egistered	i Agent		
	DISAN, MARI					14(1)16						
3435 ENTERPRISE AVE #50 NAPLES FL 34104						Street	Address	(P.O. Box Number is Not Accepted	ible)			
NAPLES PL 34104				83		ļ						
						ļ						
				84 C					FI	85 Zip	Code	
11. Pursuarii	to the provisio	ns of Sections 607	.0502 and 607.	.1508, Florida Statu	tes, the abov	e-namec	Corpora	tion submits this statement for the s board of directors. I hereby according	purpose (of changing it	ts registered	1
agent La	am familiar witt	ri, or boin, in the a i, and accept the t	state of Florida shligations of, S	such change was Bection 607.0505, F	autnorized bj Iorida Statute	/ Ine cor s.	poration.	s board of directors. I hereby acci	opt the ap	pointment as	registered	
SIGNATURE	·											
12.	Signature typed or	OF LICEUS	ed agent and stillet ap S AND DIRECTO		It Hagistered Aqu	n, signa un	e required w		DATE	ID DIDECTOR	20.01.10	-6
TITLE	<u> </u>		- MINITEDIAL CALC	DELETE	1.1 TITLE	···	Ъ	ADDITIONS/CHANGES TO OFF		Change	Addition	- S
NAME					1.2 NAME		MAN	SON, MARK C		onango	P-1 Mounton	1
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CITY-ST-ZIP					1.4 C(TY-S		NZ	ples, FL 34	1014			١٢
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NAME					5.2 NAME							
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NAME					6.2 NAMI							
SIREET ADDRESS					6 3 STREET ADDRESS							
CITY-ST-ZIP	L <u></u>				6.4 City- S	I · ZIP	<u></u>					1

14. Thereby 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 trusted 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

12/100