

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90104 002 ***150.00

DOCUMENT # P98000013913

1. Corporation Name
PRINT ON CAN, INC.



Principal Place of Business
3400 S TAMiami TRAIL SUITE 303
SARASOTA FL 34239
~~2198 Main St.~~
Sarasota, FL 34237

Mailing Address
3400 S TAMiami TRAIL SUITE 303
SARASOTA FL 34239
~~2198 Main St.~~
Sarasota, FL 34237

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22431 Hancock Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 22431 Hancock Ave. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/11/1998	4. FEI Number 65-0811999	Applied For Not Applicable
22 City & State 23 Punta Gorda, FL	27 City & State 28 Punta Gorda, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33980	25 Country U.S.A.	29 Zip 33980	30 Country U.S.A.	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER
3400 S TAMiami TRAIL SUITE 303
SARASOTA FL 34239
2198 Main St.
Sarasota, FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JACQUES	1.2 NAME	
STREET ADDRESS	ACKERSTR 79A CH-8604 VOLKETSWIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, MARIANNE	2.2 NAME	
STREET ADDRESS	ACKERSTR 79A CH-8604 VOLKETSWIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

5/4/26/99 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacques Roth, Dir.

Date

Daytime Phone #

CR2E034 (11/98)