

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028349 (7)

1. Corporation Name

IRIS GROUP, INC.



Principal Place of Business

Mailing Address

2170 SW 7TH CT.
BOCA RATON FL 33486-6951

2170 SW 7TH CT.
BOCA RATON FL 33486-6951

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 2170 SW 7TH CT

26 Suite, Apt #, etc

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 Boca Raton FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 33486-6951

25 USA

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCORMACK, EDWARD
2170 SW. 7TH CT.
BOCA RATON FL 33486

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 of officer or person in charge of registered agent and how it applies

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCCORMACK, EDWARD
STREET ADDRESS 2170 SW 7TH CT.
CITY-ST-ZIP BOCA RATON FL

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62 NAME
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64 CITY-ST-ZIP

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward J. McCormack PRES. (EDWARD J. MCCORMACK) 7-25-96 407-361-9647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)