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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000028349 (7)

IRIS GROUP, INC.

**FILED** Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T 18 OTLERA LIB TRING EINT ODITH BRIEF RONT ONLY 11004 TOTAL FINE BIRTH 1811 4001		
2170 SW 7TH BOCA RATOR		2170 SW 7TH COURT BOCA RATON FL 33486				
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
<b>A</b> D: : 10					04/16/1993	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Codes Aut	# -10	26			65-0405507	Not Applicable
Suite, Apt.	#, BtC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	Α	City & State	<del></del>	<del></del>		Fee Required
23		28				\$5.00 May Be
Zip	Country	Zip	Cour	1rv	Trust Fund Contribution  8. This corporation owes or has paid	Added to Fees
24	25	29	30	,	Personal Property Tax due June 3	
1	9, Name and Address of Cur		1001		10. Name and Address of New Reg	
MC	CORMACK, EDWARD			Name		
		ļ.	82 Street Address (P.O. Box Number is Not Acceptable)			
	70 <b>\$</b> W. 7TH CT. ICA RATON FL 33486		1'	2 Street Address (P.O. Box Number is Not Acceptable)		
-			Ī	13		
		•	L.			
			'	City		FL 85 Zip Code
Office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ale of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered			gont signature requ	uired when reinstating)	DATE
TITLE	DP OFFICERS A	AND DIRECTORS  DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	
NAME	MCCORMACK, EDWARD	- Dettit	1.1 TITL			Change  Addition
STREET ADDRESS	2170 SW 7TH CT.		1.2 NAN			
	BOCA RATON FL			ET ADDRESS		
CITY-ST-ZIP TITLE	BOOK HATON TE	DELETE	2.1 TITE	- \$7 - ZIP		Change Addition
NAME			2.2 NAM			Change Li Addition
STREET ADDRESS	•			ET ADDRESS		
CITY-ST-ZIP				(-ST-ZIP		
TOTLE		DELETE	3.1 TiTL			Change Addition
NAME			3.2 NAN			E commige E vadition
STREET ADDRESS			1	ET ADDRESS		
City-St-Zip				-SI-ZIP		
TITLE	·· <del>·······</del>	DELET <del>É</del>	4.1 TITL			Change Addition
NAME			4. 2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ D£LETE	6 1 TITL			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			6.4 CITY			

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 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.