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.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name P93000077164 (0) IRIS COMMERCIAL PHOTOGRAPHY, INC. Mailing Address Principal Place of Business 2700 COLORADO ST. 2700 COLORADO ST. SARASOTA FL 34237 SARASOTA FL 34237 3a. Date of Last Report 3. Date Incorporated or Qualified 08/29/1995 11/08/1993 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0446910 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt #, etc 27 \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199 032 23 Country Country Yes No Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent B1 Name POLLUX, EUGENE P. P Street Address (P.O. Box Number is Not Acceptable) 2700 COLORADO ST. SARASOTA FL 34237 83 Zip Code 85 84 City 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 agant, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE type to product not on infregenerical agent and the diapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS ____ Change _____ Addition 12 DELETE THILE 1.2 NAM POLLUX, EUGENE P. P NAME 13 STREET ADDRESS 2700 COLORADO ST. STREET ADDRESS 14 CITY - ST - ZIP Change ____ Addition SARASOTA FL 34237 CITY - ST - ZIP 2 1 1 ITLE DELETE TIFLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 2IP Change Addition CITY-ST ZIP DELETE 3.1 TIFLE TITLE NAME. 33 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 41 TIBLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIF DELETE 5 1 TIFLE TITLE NAME

14. If do hereby certify that the information supplied with this filing is voluntarily lurnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I do hereby certify that the information supplied with this filing is voluntarily lurnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I do hereby certify that the information indicated on this air fual report or supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this air fual report or supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this air fual report or supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this air fual report or supplemental arinual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this failing is voluntarily lurnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I

5.3 STREET ADDRESS

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SIGNATURE: __

STREET ADDRESS

STREET ADORESS

CITY - ST - ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change Addition

(36/8)

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