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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023299 (7)

1. Corporation Name

ISLAND BOUNTY IMAGES, INC.

Principal Place of Business	Mailing Address
2091 S.W. 72ND AVENUE DAVIE FL 33317	2091 S.W. 72ND AVENUE DAVIE FL 33317

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2091 S. W 72nd Ave
Suite, Apt #, etc
22
City & State
23 Davie Fl
Zip
24 33317
Country
25 U.S.A

2a. Mailing Address
26 2091 S. W 72nd Ave
Suite, Apt #, etc
27 Davie Fl.
City & State
28 33317 Fl
Zip
29 33317
Country
30 U.S.A.

4. FEI Number: 65-05-77401 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DUNN, DAX
2091 S.W. 72ND AVENUE
DAVIE FL 33317

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

TITLE	PD	[ ] DELETE
NAME	CRAIG, CHRISTINE	
STREET ADDRESS	1700 S.W. 85TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	[ ] DELETE
NAME	DUNN, RACHEL	
STREET ADDRESS	2091 S.W. 72ND AVENUE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	[ ] DELETE
NAME	DUNN, DAX	
STREET ADDRESS	2091 S.W. 72ND AVENUE	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	[ ] DELETE
NAME	MATTIS, LLOYD	
STREET ADDRESS	3908 EAST LAKE PLACE	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	[ ] Change [✓] Addition
5.2 NAME	Karl Craig	
5.3 STREET ADDRESS	2091 S.W 72nd Ave	
5.4 CITY-ST-ZIP	Davie Fl. 33317	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Rachael Dunn RACHAEL DUNN 7/20/96 954-452-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)