

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000079481 (4)**

1. Corporation Name

~~IRIS PRODUCTIONS, INC.~~  
**BARRY CHASE PRODUCTIONS, INC.**

*N/C  
1-19-96*



Principal Place of Business

Mailing Address

~~5825 COLLINS AVE.  
SUITE 6G  
MIAMI BEACH FL 33140~~

~~5825 COLLINS AVE.  
SUITE 6G  
MIAMI BEACH FL 33140~~

3. Date Incorporated or Qualified  
**10/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 ~~SUITE 1240~~ **1 S.E. 31st Ave.**

26 **1 S.E. 3rd Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~SUITE 1240~~ **SUITE 1240**

27 **SUITE 1240**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 ~~33140~~ **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REISER, RAYMOND A  
1 SE 3RD AVE  
SUITE 1240  
MIAMI FL 33131**

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 607.0102 and 607.1505, 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 the person who signed this report as required by Chapter 607, Florida Statutes.

Signature of the person who signed this report as required by Chapter 607, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D CHASE, BARRY**  
STREET ADDRESS **5825 COLLINS AVE SUITE 6G**  
CITY- ST- ZIP **MIAMI BEACH FL 33140**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  DELETE

NAME  
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CITY- ST- ZIP

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 TITLE  Change  Addition

12 NAME **PLC CHASE, BARRY**  
13 STREET ADDRESS **5825 COLLINS AVE, SUITE 6-6**  
14 CITY- ST- ZIP **MIAMI BEACH, FL 33140**

2 TITLE  Change  Addition

22 NAME **V/S IRIS CHASE**  
23 STREET ADDRESS **5825 COLLINS AVE. SUITE 6-6**  
24 CITY- ST- ZIP **MIAMI BEACH, FL 33140**

3 TITLE  Change  Addition

32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

4 TITLE  Change  Addition

42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

**100001822821**

51 TITLE  Change  Addition

52 NAME **-05/15/96--01082--000**

53 STREET ADDRESS **\*\*\*233.75**

**2**

6 TITLE  Change  Addition

62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

*5-14-96 ORC*

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry Chase* **BARRY CHASE**

*5-7-96*

*(305) 373-7665*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)