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

APPROVED AND FILED
1996 AUG 23 PM 3:35
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000082861 (2)

1. Corporation Name
THE IBIS GROUP, INC.

Principal Place of Business
POST OFFICE BOX 821886
SOUTH FLORIDA FL 33082-1886

Mailing Address
POST OFFICE BOX 821886
SOUTH FLORIDA FL 33082-1886

3. Date Incorporated or Qualified: **10/26/1995**
3a. Date of Last Report:
4. FEI Number: 65-0614148 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
MONTGOMERY, ALLEN
7365 WEST 4TH AVENUE
STE 16
HIALEAH FL 33014

10. Name and Address of New Registered Agent
81 Name: MONTGOMERY, ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 12753 SW 68 TERRACE
83
84 City: MIAMI FL 85 Zip Code: 33183

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] 8/21/96
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	D	☒ DELETE
NAME	HOSTERMAN, TOBIAS	
STREET ADDRESS	POST OFFICE BOX 821886	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-1886	
TITLE	D	☐ DELETE
NAME	MONTGOMERY, ALLEN	
STREET ADDRESS	POST OFFICE BOX 821886	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-1886	
TITLE	D	☐ DELETE
NAME	ROBBINS, STEVEN A	
STREET ADDRESS	POST OFFICE BOX 821886	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-1886	
TITLE	D	☐ DELETE
NAME	HESTER, DAVID	
STREET ADDRESS	POST OFFICE BOX 821886	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-1886	
TITLE	D	☒ DELETE
NAME	SHEARER, CHETT	
STREET ADDRESS	POST OFFICE BOX 821886	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-1886	
TITLE	D	☒ DELETE
NAME	MCMULLEN, DOUG	
STREET ADDRESS	POST OFFICE BOX 821886	
CITY-ST-ZIP	SOUTH FLORIDA FL 33082-1886	

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	100001932561	
2.3 STREET ADDRESS	-08/27/96--01065--001	
2.4 CITY-ST-ZIP	****375.00 ****375.00	
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		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	SCC 8-23-96	

CR2E034 (3/96)

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: [signature] ALLEN MONTGOMERY, DIR 8/21/96 305-826-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR