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

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Apr 09 1997 8:00am  
Secretary of State

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|---|-------------------------------|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |                               |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # S23302 (0)</b>  |                               |  |  |
| 1. Corporation Name<br><b>IRON ART, INC.</b>  |                               |  |  |
| Principal Place of Business<br><b>THE SWINE PIT<br/>615 - 506 MAIN ST<br/>DAYTONA BCH FL 32218<br/>US</b>   |                               | Mailing Address<br><b>P.O. BOX 29482<br/>JACKSONVILLE FL 32226-8482<br/>US</b>   |  |
| 2. Principal Place of Business<br>21 State, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |                               | 2a. Mailing Address<br>26 P.O. Box 23923<br>27 Suite, Apt. #, etc.<br>28 Jacksonville, FL<br>29 Zip 32241-0923<br>30 Country USA   |  |
| 3. Date Incorporated or Qualified <b>01/07/1991</b> 3a. Date of Last Report <b>04/19/1996</b>   |                               |  |  |
| 4. FEI Number <b>59-3057533</b>   |                               | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                               | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |                               | <b>\$5.00 May Be Added to Fees</b>   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |  |  |
| 9. Name and Address of Current Registered Agent<br><b>VLOEK, ALAN B.<br/>501 W BAY ST<br/>SUITE 250<br/>JACKSONVILLE FL 32202</b>   |                               | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____   |                               |  |  |
| 12. OFFICERS AND DIRECTORS  |                               |  |  |
| TITLE   | <b>P</b>                      | <input type="checkbox"/> DELETE  |  |
| NAME  | <b>HUBER, PETER S.</b>        |  |  |
| STREET ADDRESS  | <b>3331 TROUT RIVER BLVD.</b> |  |  |
| CITY - ST - ZIP   | <b>JACKSONVILLE FL</b>        |  |  |
| TITLE   |                               | <input type="checkbox"/> DELETE  |  |
| NAME  |                               |  |  |
| STREET ADDRESS  |                               |  |  |
| CITY - ST - ZIP   |                               |  |  |
| TITLE   |                               | <input type="checkbox"/> DELETE  |  |
| NAME  |                               |  |  |
| STREET ADDRESS  |                               |  |  |
| CITY - ST - ZIP   |                               |  |  |
| TITLE   |                               | <input type="checkbox"/> DELETE  |  |
| NAME  |                               |  |  |
| STREET ADDRESS  |                               |  |  |
| CITY - ST - ZIP   |                               |  |  |
| TITLE   |                               | <input type="checkbox"/> DELETE  |  |
| NAME  |                               |  |  |
| STREET ADDRESS  |                               |  |  |
| CITY - ST - ZIP   |                               |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                               |  |  |
| 1.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 1.2 NAME  |                               |  |  |
| 1.3 STREET ADDRESS  |                               |  |  |
| 1.4 CITY - ST - ZIP   |                               |  |  |
| 2.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 2.2 NAME  |                               |  |  |
| 2.3 STREET ADDRESS  |                               |  |  |
| 2.4 CITY - ST - ZIP   |                               |  |  |
| 3.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 3.2 NAME  |                               |  |  |
| 3.3 STREET ADDRESS  |                               |  |  |
| 3.4 CITY - ST - ZIP   |                               |  |  |
| 4.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 4.2 NAME  |                               |  |  |
| 4.3 STREET ADDRESS  |                               |  |  |
| 4.4 CITY - ST - ZIP   |                               |  |  |
| 5.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 5.2 NAME  |                               |  |  |
| 5.3 STREET ADDRESS  |                               |  |  |
| 5.4 CITY - ST - ZIP   |                               |  |  |
| 6.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 of this report, or on an attachment with an address. |                               |  |  |
| SIGNATURE:  <b>SIGNATURE REQUIRED</b>  |                               |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                               |  |  |
| Date <b>4/3/97</b>  |                               | Daytime Phone # <b>904-355-0775</b>  |  |

CR2E034 (9/96)