

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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000017426 (5)**  
1. Corporation Name  
**SOFT REALITY INC.**

Principal Place of Business <b>3930 S. NOVA ROAD SUITE 204 PORT ORANGE FL 32127</b>	Mailing Address <b>3930 S. NOVA ROAD SUITE 204 PORT ORANGE FL 32127</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/04/1994</b>	
21		26		4. FEI Number <b>59-3231374</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>VITA, MARK F 5908 WOODPOINT TERRANCE PORT ORANGE FL 32127</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TS	<input type="checkbox"/> DELETE		1.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELHAM, ANTHONY			1.2 NAME	Pelham, Anthony		
STREET ADDRESS	778 TUMBLEBROOK DRIVE			1.3 STREET ADDRESS	691 Breckenridge Dr		
CITY-ST-ZIP	PORT ORANGE FL 32127			1.4 CITY-ST-ZIP	Port Orange FL 32127		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VAQUERIZO, JUAN			2.2 NAME	Vaquerizo, Sandra		
STREET ADDRESS	5940 KENDREW DRIVE			2.3 STREET ADDRESS	5940 Kendrew Drive		
CITY-ST-ZIP	PORT ORANGE FL 32127			2.4 CITY-ST-ZIP	Port Orange FL 32127		
TITLE	VDP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VITA, MARK			3.2 NAME			
STREET ADDRESS	5908 WOODPOINT TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32124			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Sandra A. Vaquerizo* **SIGNATURE REQUIRED**

1/29/98 904-760-7377 x17

CR2E034 (10/97)