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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000017426 1. Corporation Name

SOFT REALITY INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90272 034 ***150.00

		-					
Principal Place of Business Mailing Address					T (BB)(ABP) 318 1911) B(B)(BA)(BA)(BA)(BA)	48-91 HBH 1981 BIST 1	
3930 S. NOVA ROAD 3930 S. NOVA ROAD SUITE 204 SUITE 204 PORT ORANGE EL 20127					DO NOT WRITE IN	THIS SPACE	
PORT ORANGE FL 32127 PORT ORANGE FL 32127					3. Date Incorporated or Qualifed		
					03/04/1994		
2 Principal Pl	ace of Business	2a. Mailing Address		-	4. FEI Number	App	lied For
26					59-3231374	Not	Applicable
Suite, Apt.	#, etc. TE 301	Suite, Apt. #, etc. 27 SUITE 301			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		-City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	ar Intangible	
24	25	29 3	0		Personal Property Tax.		K)No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	ered Agent	
			81	Name			
VITA, MARK F				Street Add	ress (P.O. Box Number is Not Acceptable)		
5908 WOODPOINT TERRANCE				Oli Col 7 loo.			
PORT ORANGE FL 32127				83			
			84	City		85 Zip C	ode
			0-	City		FL S S	
office or re agent. I as	to the provisions of Sections out. To the provisions of Sections out. State of the State of familiar with, and accept the obligations of the state	of Florida. Such change was automations of, Section 607.0505, Florid	norized by la Statute:	r tne corporati s.	poration submits this statement for the purpo on's board of directors. I hereby accept the a	эрронинен аз гед	istered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	TS to the Year of the Config.					☐ Change	☐ Addition
NAME	PELHAM, ANTHONY		1.2 NAME				
STREET ADDRESS	691 BRECKENRIDGE DR		1.3 STREE	TADORESS			
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY+	ST-ZiP			
TITLE	PD	☐ DELETE	2.1 T!TLE			☐ Change	Addition
NAME	VAQUERIZO, JUAN	2.2 N					
STREET ADDRESS	· ·		2.3 STREE	TADORESS			
CITY-ST-ZIP	PORT ORANGE FL 32127		2.4 CiTY+ST+ZIP				
TITLE	VDP	☐ DELETE 3.1				Change	☐ Addition
NAME	VITA, MARK						
STREET ADDRESS	5908 WOODPOINT TERRACE		3.3 STREE	TADORESS			
CITY-ST-ZIP	PORT ORANGE FL 32124		3.4. CITY-	ST-ZIP			
TITLE	C	DELETE 4				☐ Change	☐ Addition
NAME	VAQUERIZO, SANDRA		4, 2 NAME	:	·		
STREET ADDRESS	5940 KENDREW DRIVE		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127		4.4 CITY-	ST-ZIP			
TITLE	TAIL ALABIANT I P AP (4)	☐ DELETE	51 TITLE			☐ Change	Addition

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 chapted, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Change

Addition