FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:26

DOCUMENT # P94000081469 (6)

1. Corporate Name
ALTERNATIVE REALITY TECHNOLOGIES, INC.

Principal Office Address
2999 N.E. 191 STREET SUITE 500
AVENTURA FL 33180

Mailing Address
2999 N.E. 191 STREET SUITE 500
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report:

2. Former Name of Corporation
21
2a. Mailing Address
26

4. FEI Number: 65-0537736
Applied For
Not Applicable

Mailing Address
22
Mailing Address
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City, State
23
City, State
28

6. Electronic Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City
24
County
25
City
29
County
30

8. This corporation has totally or substantially complied with the requirements of Chapter 607 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 Section 607.0505, and 607.0508, 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. The corporation is duly authorized to do so. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE
Registered Agent's Name (Typed or Printed)
Registered Agent's Signature (Required for Change)
Date

12. OFFICERS AND DIRECTORS

TITLE D	
NAME SCHWARTZ, IRWIN H	
ADDRESS 2999 N.E. 191 STREET SUITE 500	
CITY ST ZIP AVENTURA FL 33180	
TITLE D	
NAME BLUE, WILLIAM J JR	
ADDRESS 100 EUROPA DRIVE	
CITY ST ZIP CHAPEL HILL NC 27514	
TITLE	
NAME	
ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Add/Del
NAME	
ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
ADDRESS	
CITY ST ZIP	
TITLE Assistant Secretary	☐ Change ☒ Add/Del
NAME R. Lynn Anderson	
ADDRESS 2999 NE 191 ST #500	
CITY ST ZIP N. Miami Beach FL 33180	
TITLE	☐ Change ☐ Add/Del
NAME	
ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Add/Del
NAME	
ADDRESS	
CITY ST ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the manager or managing member to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report and is identified with an asterisk.

SIGNATURE: R. Lynn Anderson 4/28/95 305 935-3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0107443 CP