

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

DOCUMENT # **P94000081469 (6)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ALTERNATIVE REALITY TECHNOLOGIES, INC.

95 MAY -1 AM 11: 26

2. Principal Executive Office		2a. Mailing Address		3. Date of Incorporation or Qualification		3a. Date of Last Report	
2999 N.E. 191 STREET SUITE 500 AVENTURA FL 33180		2999 N.E. 191 STREET SUITE 500 AVENTURA FL 33180		11/07/1994			
21. Filing Agent's Name	26. Mailing Agent's Name	4. Filing Agent's License Number		5. Certificate of Status Expired		8.75 Additional Fee Required	
		105-0537736		<input type="checkbox"/>			
22. Filing Agent's Address	27. Mailing Agent's Address	6. Election Campaign Financing		7.50 May Be Added to Fees			
		Election Campaign Financing		<input type="checkbox"/>			
23. Filing Agent's State	28. Mailing Agent's State	8. This corporation has liability for intangible tax under 1995 Florida Statutes.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1. Name			
				B2. Street Address (P.O. Box Number or Not Applicable)			
				B3. City			
				B4. State FL B5. Zip Code			

11. Pursuant to the provisions of Sections 607.0805 and 607.1905, 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 Sections 607.0805, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. AUTHORIZED SIGNERS TO CERTIFICATE AND OTHER FILINGS	
NAME	D SCHWARTZ, IRWIN H 2999 N.E. 191 STREET SUITE 500 AVENTURA FL 33180	1. NAME	
NAME	D BLUE, WILLIAM J JR 100 EUROPA DRIVE CHAPEL HILL NC 27514	2. NAME	
NAME		3. NAME	Assistant Secretary
NAME		4. NAME	R. Lynn Anderson
NAME		5. NAME	2999 NE 191 ST #500
NAME		6. NAME	N. Miami Beach FL 33180

14. I, the undersigned, certify that the information reported on this filing is significantly true and correct and equally for the corporation listed as the filer of this filing. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the agent of the corporation, as approved to sign this report as required by Florida Statutes, and that my name appears in the State of Florida's Department of State's annual report with an address.

SIGNATURE: *R. Lynn Anderson* R. Lynn Anderson 4/28/95 305 935-3945