

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000081469 (6)**

1. Corporation Name

**ALTERNATIVE REALITY TECHNOLOGIES, INC.**



Principal Place of Business

Mailing Address

**2999 N.E. 191 STREET SUITE 500  
AVENTURA FL 33180**

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AVENTURA FL 33180**

3. Date Incorporated or Qualified <b>11/07/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0537736</b>	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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**

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 signing officer or director)

Name of Registered Agent (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, IRWIN H</b>	1.2 NAME	
STREET ADDRESS	<b>2999 N.E. 191 STREET SUITE 500</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AVENTURA FL 33180</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUE, WILLIAM J JR</b>	2.2 NAME	
STREET ADDRESS	<b>100 EUROPA DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHAPEL HILL NC 27514</b>	2.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, LYNN R</b>	3.2 NAME	<b>R. LYNN ANDERSON</b>
STREET ADDRESS	<b>2999 NE 191 ST #500</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>N. MIAMI BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>D CHAIRMAN</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>JAMES D HARRIS</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>4111 CHAPEL HILL BLVD</b>
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	<b>DURHAM NC 27717</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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

*R. Lynn Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRES MONTH #

11/12/96 3059353945

CR2E034 (12/95)