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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000052653 (9)**

1. Corporation Name

VIRTUAL REALITY ENTERTAINMENT CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5856 SOUTH SEMORAN BLVD. ORLANDO FL 32822	5856 SOUTH SEMORAN BLVD. ORLANDO FL 32822

3. Date Incorporated or Qualified: 07/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 5425 S.SEMORAN
22 Suite, Apt. #, etc.: 8
23 City & State:
24 Zip: 25 Country:

2a. Mailing Address
26: 5425 S.SEMORAN
27 Suite, Apt. #, etc.: 8
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-3326354 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVENUE
ORLANDO FL 32802

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 Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature, type or print name of registered agent, and the date of signing — NOTE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEAMAN, DUANE A 5425 ~~5856~~ SOUTH SEMORAN BLVD. STE. 8 ORLANDO FL 32822	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSTIN, GREGORY F 5425 ~~5856~~ SOUTH SEMORAN BLVD. STE. 8 ORLANDO FL 32822	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, JAMES 5425 ~~5856~~ SOUTH SEMORAN BLVD. STE. 8 ORLANDO FL 32822	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEHOFF, KENNETH 5425 ~~5856~~ SOUTH SEMORAN BLVD. STE. 8 ORLANDO FL 32822	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: G GUSTIN director 5/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)