

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

FILED

May 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000003018 (4)

1. Corporation Name  
VIRTUAL REALITY MALL, INC.



Principal Place of Business  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114

Mailing Address  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114-5615

3. Date Incorporated or Qualified 01/08/1996  
3a. Date of Last Report N/A

4. FEI Number 59-3359127  
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

2. Principal Place of Business  
21 2469 Bellevue Avenue  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2469 Bellevue Ave  
Suite, Apt. #, etc.

22 City & State  
23 Daytona Beach, FL

27 City & State  
28 Daytona Bch, FL

24 32114 25 USA  
29 32114 30 USA

9. Name and Address of Current Registered Agent

WORLEY, HOBART  
2441 BELLEVUE AVENUE  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name Worley, Hobart  
82 Street Address (P.O. Box Number is Not Acceptable)  
2469 Bellevue Avenue  
83  
84 City Daytona Beach, FL FL 85 Zip Code 32114

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WORLEY, HOBART	
STREET ADDRESS	2441 BELLEVUE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENSTEIN, JOEL	
STREET ADDRESS	2441 BELLEVUE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Worley, Hobart O.	
1.3 STREET ADDRESS	690 Ferncliff Drive	
1.4 CITY-ST-ZIP	Port Orange, FL 32127	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Greenstein, Joel	
2.3 STREET ADDRESS	1200 N. Halifax	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/20/97 904-257-2500 ext 798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)