

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90096 028 \*\*\*150.00

DOCUMENT # P93000057473

1. Corporation Name  
MAGIC BY CARL, INC.



Principal Place of Business  
2523 OLD VINELAND ROAD  
KISSIMMEE FL 34746

Mailing Address  
1962 GAMBOGE DR  
ORLANDO FL 32822  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2519 Old Vineland Rd

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Kissimmee FL

City & State

28

Zip

24 34746

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

08/12/1993

4. FEI Number

59-3198538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOWLER, EARNEST C JR  
2523 OLD VINELAND ROAD  
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

Fowler, Earnest C. Jr

82 Street Address (P.O. Box Number is Not Acceptable)

2519 Old Vineland Rd

83

84 City

Kissimmee

FL

85 Zip Code

34746

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 reinstating)

DATE

4-14-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME FOWLER, EARNEST C JR  
STREET ADDRESS 2523 OLD VINELAND ROAD  
CITY-ST-ZIP KISSIMMEE FL 32746

TITLE STD ☐ DELETE  
NAME FOWLER, BARBARA A  
STREET ADDRESS 2523 OLD VINELAND ROAD  
CITY-ST-ZIP KISSIMMEE FL 32746

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Fowler, Earnest C. Jr. ADDRESS  
1.3 STREET ADDRESS 2519 Old Vineland Rd  
1.4 CITY-ST-ZIP Kissimmee FL 34746

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME Fowler, Barbara A. ADDRESS  
2.3 STREET ADDRESS 2519 Old Vineland Rd  
2.4 CITY-ST-ZIP Kissimmee FL 34746

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

444-99

Date

407 397-4339

Daytime Phone #

CR2E034 (11/98)

0101245