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

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

**DOCUMENT #** 1. Corporation Name

P95000084988 (1)

CONSUME	R MAGIC, INC.							
Principal Place of Business Mailing Address						C SABURBAY ALO ADAMA MANIN MAKAN MI	BARR BORN BOND (BAR)	01010 10101 10101 <del>111</del> 11 1101
10029 SYPRESS TOLE OF 200 S ORANGE AVENU SUITE 2300 ORLANDO FL 2201 34								
						3. Date Incorporated or Qualified 11/02/1995	3a. Date of L	.ast Report
2. Principal Place of B		2a. Mailing Address				4. FEI Number 59-3343967		Applied For
Suite, Apt. #, etc.	ashington St.	Suite, Apt. #, etc.				39-334390 <i>1</i>		Not Applicable
22		27				5. Certificate of Status Desired	□ <b>"</b>	8.75 Additional Fee Required
City & State		City & State	City & State			6. Election Campaign Financing	{	\$5.00 May Be
orlando,		28				Trust Fund Contribution		Added to Fees
Ζφ 24 <b>32801</b>	Country 25	Z <sub>i</sub> p <b>29</b>	Country	1		<ul><li>8. This corporation has liability for Florida Statutes</li><li>Yes</li></ul>		der s 199.032,
	ame and Address of Currer		30			Florida Statutes  Yes  10. Name and Address of New F		nt
			81	Name			- Broto-se Figs.	
A.G.C. CO. 200 S ORANGE AVENUE			82	Street	eet Address (P.O. Box Number is Not Acceptable)			
				,				
SUITE 2300	00004 0400		83					
ORLANDO FL 32801-3432			84	City			<b></b> 85	5 Zip Code
11. Pursuant to the pr	rayisions of Sections 607 0500	2 and 607 1508. Florida Statute	es the above	named co	omoratio	n submits this statement for the pui	FL	n its registered office
or registered agen	it, or bourt, in the State of Fight	da. Such change was authorize tion 607.0505, Florida Statutes.	ea by the com	ioration's l	board of	f directors. Thereby accept the app	ointment as regis	g its registered office stered agent. I am
SIGNATURE Signature	typed or printed name of registered agent	t and title if annicable (AIC)	TE: Registered Agen	et sixont us				····
12.	OFFICERS ANI		13.	4 Signature re	Edouao mue	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	ECTORS IN 12
TILE D		DELETE	1. 1 TITLE		P/S/		<b>▼</b> Ch	
	s 10325 CYPRESS ISLE CT		1.2 NAME			•		
			1.3 STREET					
<del></del>	RLANDO FL 32819	F) britis	1.4 CITY - S	T-ZIP	<b> </b>			
111LE		DELETE	2 1 TITLE				Cn.	ange 🔲 Addition
NAME STREET ADDRESS			2.2 NAME	4000000				
CHY-ST-ZIP			2.3 STREET					
TITLE		T DELETE	24 CITY-S 3 1 TITLE	1-210			☐ Ch	ange Addition
NAME		_	32 NAME				<b>□</b> •···	unge [] risaisisi
STREET ADORESS			33 STREET	F ADDRESS				
CITY-ST-ZIP			3 4 CITY-S	st - ZIP				
TITLE		☐ DELETE	4.1 THLE				☐ Cha	ange 🔲 Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.4 C(1) Y - S	T-ZIP				
TITLE		☐ DELETE	5. 1 TITLE	. [		70000180	74 🗟 🥨	ange 🔲 Addition
NAME			5.2 NAME	1		70000180 -05/04/96010	īn1023	
STREET ADDRESS			5.3 STREET	ADDRESS		***200.00	020	
CITY-ST-ZIP		C) britte	5.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	6 1 TITLE				Cha	ange 🔲 Addition
NAME PIDEEL ADDRESS			6 2 NAME	455555				
STREET ADDRESS			63 STREET	AUDRESS	1			I

14. Ido 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 examplemental 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 sorporation or the receiver or tractee empowered to execute this report as required by Chapter 607, Florida Statutes; and triat my name appears in Block 12 or Block. 13 if changed, or on an attachment with an adjiress

6.4 CITY-ST-ZIP

SIGNATURE: \

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3)25 96 407. 481-800x