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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084988 (1) CONSUMER MAGIC: INC.

FILED Mar 12 1998 8:00am Secretary of State

| CONSU | IMER MAGIC, INC. | | | | |
|--|---|--|--|--|-----------------------------------|
| Principal Plac | e of Business | Mailing Address | | I TODICIDALI (IR IBIDA BITUS BOURT DOUNT DOUNT DOUBLE) | HE BEREN TREET INTER LATE TO A |
| 13360 W COLOMAL DR SUITE A 30 WINTER GARDEN FL 34787 US | | 200 S ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| | | | | 11/02/1995 | |
| | Place of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| | O W Colonial Dr | 26 | | 59-3343967 | Not Applicable |
| Suite, Apt. #, etc. 22 430 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat Winte | r Garden, FL | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 34787 | Country | 7ip | Country | 8. This corporation owes or has paid the c | |
| 24 34/6/ | 25 US | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curre | nt Hegistered Agent | 81 Name | 10. Name and Address of New Registere | Agent |
| | i.C. CO. | | 01 Name | | |
| | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | TE 2300 | | 00 | | |
| ORI | LANDO FL 32801-3432 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| dd Disa and | 4 Aba | 10 and 007 45 00 the dec Contra | | F | |
| office or i | to the provisions or Sections 607.050 registered agent, or both, in the State | of Florida, Such change was a | es, the above-hamed cor authorized by the corpora | poration submits this statement for the purpose ation's board of directors. I hereby accept the ap | or changing its registered |
| agent. I a | im familiar with, and accept the oblig | jations of, Section 607,0505, Flo | rida Statutes. | | |
| SIGNATURE | | | Registered Agent signature regu | | |
| 12. | Signature, typind or prested many of registered ag | ID DIRECTORS | Ringistered Agent eignature requ | Jired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT | ID DIDECTORS IN 12 |
| TITLE | PSTD | X DELETE | 1.1 TITLE | PSTD | Change Addition |
| NAME | DURBIN, RONALD | | 1.2 MALIC | FISHER III, CARROLL L. | |
| STREET ADDRESS | 10325 CYPRESS ISLE CT | | | 6105 ORANGE HILL CT | |
| CITY-ST-ZIP | ORLANDO FL 32819 | | 14 CITY-ST-ZIP | ORLANDO, FL. 32819 | |
| TITLE | 3,,21,03 13 33,73 | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | i | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | <u> </u> | | 3 4. CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | } |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | 1 | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | 1 | DELETE | | | C Change C Addition |
| | | DELETÉ | 5 2 NAME | | C change C Adouten |
| STREET ADDRESS | | DELETE | | | |
| CITY-\$1-ZIP | | | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| CITY-SI-ZIP TITLE | | DELETE | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
| CITY-S1-ZIP TITLE NAME | | | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | |
| CITY-SI-ZIP TITLE | | | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | |

4. Thereby 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 arrival 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 receive 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 in changed or on an attachment with an address.

SIGNATURE:

Carroll L. Fisher III

2/18/98 (407) 876-018