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

Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V05874 (5) LEARNING RESOURCES TOY MAGIC, INC. Principal Place of Business Mailing Address 10 WALTER MARTIN **10 WALTER MARTIN** FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3103220 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 29 30 Personal Property Tax due June 30. ΠÑο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLACK, FAYE F. 81 Name 10 WALTER MARTIN Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32548 83 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ☐ Addition BLACK, FAYE F NAME 1.2 NAME 10 WALTER MARTIN 3 STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BEACH FL 32548 CITY-ST-ZIP 1.4 City-ST-ZiP DELETE ☐ Change Addition TITLE 21 TITLE BORTHWICK, ROBIN R NAME 2.2 NAME 10 WALTER MARTIN STREET ADDRESS 2.3 STREET ADDRESS FT WALTON BEACH FL 32548 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition BLACK, JEREMIAH C NAME 3.2 NAME 10 WALTER MARTIN 3 3 STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL 32548 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BORTHWICK, JESSE O NAME 4 2 NAME 10 WALTER MARTIN STREET ADDRESS 4.3 STREET ADDRESS FT WALTON BEACH FL 32548 CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITUE NAME 62 NAME

FILED

EMAN C BLACK 10 Feb 98 (850)244-356 SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 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

STREET ADORESS

CITY - ST - ZIP