

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M73828 (9)

1. Corporation Name

KOALA CARE, INC.

Principal Place of Business

Mailing Address

1600 NW 2ND AVE #16
BOCA RATON, FL
33432

1600 NW 2ND AVE #16
BOCA RATON, FL
33432

2. Principal Place of Business

2a. Mailing Address

21 NEW 1

26 NEW 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

3/25/1988

4. FEI Number

Applied For

65-0043679

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

10. Name and Address of New Registered Agent

DAVID M. FLETT

425 BUTTONWOOD PL
BOCA RATON, FL 33431

81 Name

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

1600 NW 2ND AVE #16

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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 the corporation

422 Registered Agent signature (person who is resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DAVID FLETT
STREET ADDRESS 425 BUTTONWOOD PL
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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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. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

000001851350
05/05/96-01022-000
***200.00

14. I do 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 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 registered or trustee or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4/28/96

407-394-5101

CR2E034 (12/95)