

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000077270 (4)**

1. Corporation Name
WALLABY TRADING COMPANY

Principal Place of Business 1938 TAMiami TRAIL NORTH NAPLES FL 33940 US	Mailing Address 1938 TAMiami TRAIL NORTH NAPLES FL 34102-4803 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2068 TAMiami TRAIL NORTH City & State 23 NAPLES FL Zip 24 34102 Country 25 US		2a. Mailing Address 26 Suite, Apt. #, etc. 27 2068 TAMiami TRAIL NORTH City & State 28 NAPLES FL Zip 29 34102 Country 30 US		3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0527353		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCEL RATH, DAVID 1938 TAMiami TRAIL NORTH NAPLES FL 33940		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE MCEL RATH, RACHELLE 6869 MILL RUN CIRCLE NAPLES FL	1.1 TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition GARRISON, ELIZABETH O. 6965 MILL RUN CIRCLE NAPLES FL 34109
NAME ST	<input type="checkbox"/> DELETE GARRISON, ELIZABETH O 556 97TH AVE NORTH NAPLES FL	2.1 TITLE M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARRISON, ARTHUR A. 6965 MILL RUN CIRCLE NAPLES FL 34109
STREET ADDRESS 556 97TH AVE NORTH		2.2 NAME GARRISON, ARTHUR A.	
CITY-ST-ZIP NAPLES FL		2.3 STREET ADDRESS 6965 MILL RUN CIRCLE	
TITLE M	<input type="checkbox"/> DELETE GARRISON, ARTHUR A 556 97TH AVENUE NORTH NAPLES FL	2.4 CITY-ST-ZIP NAPLES FL 34109	
NAME GARRISON, ARTHUR A		3.1 TITLE ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 556 97TH AVENUE NORTH		3.2 NAME GARRISON, ARTHUR A.	
CITY-ST-ZIP NAPLES FL		3.3 STREET ADDRESS 6965 MILL RUN CIRCLE	
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP NAPLES FL 34109	
NAME <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 supplementary 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 registrar 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 or Block 14, or in an attachment with an address.

SIGNATURE:  **ARTHUR A. GARRISON** 4/21/97 941-649-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)