

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000066504 (8)**

1. Corporation Name

**ROCK WALLABY INC.**

Principal Place of Business

Mailing Address

**4720 EMERALD FOREST WAY, #2115  
ORLANDO FL 32811**

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ORLANDO FL 32811**

**FILED**

**06 SEP 10 AM 10:34**

**SECRETARY OF STATE**



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>08/29/1995</b>		<b>3a. Date of Last Report</b>	
<b>21</b>	<b>220 ENKA AVE,</b>	<b>26</b>		<b>4. FEI Number</b> <b>594496178</b>	<b>Applied For</b>		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>Not Applicable</b>			
<b>22</b>		<b>27</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
	City & State		City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>23</b>	<b>ORLANDO FL</b>	<b>28</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>24</b>	<b>Zip 32835</b>	<b>25</b>	<b>Country AMERICA</b>	<b>29</b>	<b>30</b>		

**9. Name and Address of Current Registered Agent**

**WILLIAMS, Alysoun  
4720 EMERALD FOREST WAY, #2115  
ORLANDO FL 32811**

**10. Name and Address of New Registered Agent**

<b>81</b>	<b>Name</b>	<b>ALYSOUN WILLIAMS</b>
<b>82</b>	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	<b>220 ENKA AVE,</b>
<b>83</b>		
<b>84</b>	<b>City</b>	<b>ORLANDO FL</b>
<b>85</b>	<b>Zip Code</b>	<b>32835</b>

**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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

Date:

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PRES. / DIR.</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ALYSOUN MAE WILLIAMS</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>220 ENKA AVE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORLANDO FL 32835</b>	<b>1.4 CITY - ST - ZIP</b>	<b>9000001852779</b>
<b>TITLE</b>	<b>DIR. OF PERSONNEL</b>	<b>2.1 TITLE</b>	<b>-03/20/96 - 0015000007</b>
<b>NAME</b>	<b>VALERIE MORSE</b>	<b>2.2 NAME</b>	<b>****225.00 ****225.00</b>
<b>STREET ADDRESS</b>	<b>5094 EAST WINDS DR.</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>ORLANDO FL 32819</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**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 receiver or trustee empowered to execute this report as required by Chapter 617, 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

**8/5/96. (407) 841-0271**

CR2E034 (3/96)