

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

FILED  
Apr 18 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 # P96000084807 (2)

1. Corporation Name

KOALA CONSTRUCTION, INC.



Principal Place of Business 2890 PALM BEACH BLVD FT MYERS FL 33916 17598 ROCKEFELLER CR. #102 FT. MYERS, FL 33912	Mailing Address 2890 PALM BEACH BLVD FT MYERS FL 33916 17598 ROCKEFELLER CR. #102 FT. MYERS, FL 33912
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2. Principal Place of Business 21 17598 ROCKEFELLER CR. Suite, Apt. #, etc. 22 SUITE 102 City & State 23 FT. MYERS, FL Zip 24 33912	2a. Mailing Address 26 17598 ROCKEFELLER CR. Suite, Apt. #, etc. 27 SUITE 102 City & State 28 FT MYERS, FL Zip 29 33912	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 10/11/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> 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 O'GROSKY, WILLIAM E 2890 PALM BEACH BLVD FT MYERS FL 33916 17598 ROCKEFELLER CR. #102 FT. MYERS, FL 33912	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	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: William E O'Grosky DATE: 4-15-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GROSKY, WILLIAM E	1.2 NAME	17598 ROCKEFELLER CR.
STREET ADDRESS	2890 PALM BEACH BLVD	1.3 STREET ADDRESS	#102
CITY-ST-ZIP	FT MYERS FL 33916	1.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E O'Grosky DATE: 4-15-97 DAYTIME PHONE: 941-482-7868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR