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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052556 (2)

KOALA LEARNING CENTERS, INC.

## FILED Apr 29 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		r sameramer und sorre nodere aberer anter Mainer mitte tifter Britt Bille Britt iffft
10963 BOST		10963 BOSTON DR.		
COOPER OF	TY FL 33026-4938	COOPER CITY FL 33026-4	938	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2 5: :				06/13/1997
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 /77	41 SW 2ND STREE	25 26 /7741 SW	2ND STRA	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Stal	_	City & State	A 1-A -	6. Election Campaign Financing \$5.00 May Be
23 /EM	BROKE PINES, F	L 28 PEMBROKE		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 5000	1-3924 25 USA	29 33029-3724 3	O USA	Personal Property Tax due June 30. 🔲 Yes 💹 No
	9. Name and Address of C	urrent Hegistered Agent	81 Na	10. Name and Address of New Registered Agent
	JSTIG, DAVID A		81 Na	me
	983 BOSTON DR.		<b>82</b> Str	eet Address (P.O. Box Number is Not Acceptable)
C	DOPER CITY FL 33026-4938		LL	,
			83	
			84 Cit	Ice I 7- Oak
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes	, the above-nar	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
office or i	registered agent, or both, in the am familiar with land accept the	State of Florida, Such change was au obligations of Section 607 0505. Flori	thorized by the	corporation's board of directors. I hereby accept the appointment as registered
		obligations of cooker coy today, y lost	od old(bloo.	
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applicable (NOTE.	Registered Agent sign	nature required when reinstating)
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	P/T/D Change W Addition
NAME			1.2 NAME	DAVID A. LUSTIG
STREET ADDRESS			1.3 STREET ADDR	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	
TITLE	,	DELETE	21 TITLE	PEMBLOKE PINES FLORIDA 38029-3924  VID Change WAddition
NAME			2.2 NAME	_ , _
STREET ADDRESS			2.3 STREET ADDRE	MARVIN SILVERMAN
			•	The state of the s
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	
NAME				7/0
			3.2 NAME	TANIE THOMAS
STREET ADDRESS			3.3 STREET ADDRE	The state of the s
CITY-ST-ZIP		Distre	3.4. CITY-ST-ZIP	PEMBROKE PINES FLORIDA 33029-3924
TITLE		☐ DELETE	4.1 TITLE	5/D Change Addition
NAME			4. 2 NAME	MICHAEL KONDELL
STREET ADDRESS			4.3 STREET ADDRE	"   /// Sto accessional ,
CITY - ST - ZWP			4.4 CITY-ST-ZIP	PEMBERKE ANES FROZION 33029-3924
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	ess
CITY-ST-ZIP			5.4 CiTY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRE	ess
CiTY-ST-ZIP			6.4 CITY-ST-ZIP	
	ortify that the information suppl	ind with this filing does not qualify for	be evereties a	stated in Coation 110 07/07/). Florido Ctatutas I further and further than the Information

perional 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: June G. Zueter

914-437-6278