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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091290 (3)

KOKOPELLI TRADERS, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business 9160 NORTHWEST 14TH STREET PLANTATION FL 33322				Mailing Address 9160 NORTHWEST 14TH STREET PLANTATION FL 33322-4306						1114 51 111 50 111			55 (1 152 (
									 Date incorporated or 11/30/1995 	Qualified	3a. Date 01/25		eport	
2. Principal P	lace of Busi	2a. M	2a. Mailing Address					4. FEI Number		<u></u>	Ap	plied For		
21			26						65-0625666				t Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status D	esired		,	Additional	
22				27								Fee Re		
City & State				City & State				'	6. Election Campaign Fir	-	П	\$5.00		
Zip Country			28	Zip Country					Trust Fund Contributio		<u> </u>	Added t		
	25			30				8. This corporation has liability for intangible tax under s					199.032,	
24	9. Name and Address of Current								0. Name and Address		W			
THE		A OF LAWRENCE J S		- 		81	Name							
	ilitio													
	ALMERIA RALI GARLI	S FL 33134			82	Street	Address	ress (P.O. Box Number is Not Acceptable)						
	AIF ALDE	.012 00104				63								
							[
						84	City				FL	35 Zip (Code	
11. Pursuant	to the provis	sions of Sections 607.05	02 and 607.	1508, Florida Statu	tos, the	sbove	l o-named	d corpora	tion submits this stateme	nt for the pu		anging it	s registered	
office or r	registered a	gent, or both, in the State with, and accept the oblig	e of Florida.	Such change was	authorizi Iorida Sta	ed by	y the cor	rporation'	tion submits this stateme s board of directors. I he	reby accep	t the appoin	tment as	registered	
	IIII IQUIIIIIQU Y	ntri, acid accept the oblig	jations of o	0.0003,11	ionda ok	alotos	5.							
SIGNATURE	Signature, type	d or printed name of registered ag	ont and title if a	pplicable. (NO	TE: Register	ed Ago	ont signature	re required w	hen reinstating)		DATE			
12.		OFFICERS AN	ID DIRECTO	ORS	13.				ADDITIONS/CHANGES	TO OFFICE	ERS AND DI	RECTOR	S IN 12	
TITLE	PSID			☐ DELETÉ		1.1 TOLE						Change	Addition	
NAME DERNIER, PETER A				1.2 N										
STREET ADDRESS 9160 NORTHWEST 14TH STRE				1.3 5			ADDRESS	1						
CITY-ST-ZIP	PLANTA	TION FL 33322			1.4	CITY-S	61 - ZIP		and the second s					
TITLE	GENER	lal manager	- VP	DELETE	2.1	TITLE					L	Change	★ Addilion	
NAME	DERNI	ier, Nicole l	} -		2.2	NAME								
STREET ADDRESS		•				ADDRESS								
CITY-ST-ZIP	> 54M	<u>u</u>		D secret			ST-ZIP					F-5		
TITLE	• •			☐ DELETE		3.1 TITLE					l	j Change	Addition	
NAME	·					3.2 NAME								
STREET ADDRESS	4.4						ADDRESS							
CITY-ST-ZIP							3.4. CITY - ST - ZIP					Channe	- 1-1 - 44455	
TITLE							4.1 TITLE 4.2 NAME				_] Change	Addition	
NAME														
STREET ADDRESS					4.3 STREET AD									
CITY-ST-ZIP TITLE	ZiP			DELETE			ST - ZIP	 				Change	Addition	
· ·				L Dittert				1			L.	Louidinge	Addition	
NAME PROCEST ADDRESS						NAME OTREE	0000000							
STREET ADDRESS							I ADDRESS							
CITY-ST-ZIP TITLE				DELETE			ST - ZIP					Change	Addition	
NAME	. }4 .			L. DELLIE		NAME						Diange		
STREET ADORESS							T ADDRESS							
SINECIA MUNICOS	1				0.5	omit.	I MULTIE GO	1					I	

I do hereby certify that the information supplied with this filling 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 applicable with an address.