

**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. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**  
1. Corporation Name

*P94000023602*

**KOKOPELLI, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business  
21 **402 Brevard Avenue**

2a. Mailing Address  
26 **402 Brevard Avenue**

3. Date Incorporated or Qualified  
**12/01/94**

3a. Date of Last Report

4. FEI Number  
**59-3228386**

Applied For Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.002 Florida Statutes  Yes  No

22. City & State

**Cocoa, Florida**

27. City & State

**Cocoa, Florida**

24. Zip

**32922**

Country

**Brevard**

29. Zip

**32922**

Country

**Brevard**

9. Name and Address of Current Registered Agent

**David Jones  
2208 Peninsular Dr.  
Haines City, FL 33844**

10. Name and Address of New Registered Agent

81 Name  
**Jan Pancake**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3420 Beth Ln.**

83

84 City  
**Melbourne,**

**FL**

85 Zip Code  
**32934**

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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. Thereby, it certifies that the above information is true and correct.

SIGNATURE *Jan Pancake*

12. OFFICERS AND DIRECTORS

TYPE	<input checked="" type="checkbox"/> OFFICER
NAME	<b>David Jones</b>
STREET ADDRESS	<b>2208 Peninsular Dr. Haines City, FL 33844</b>
CITY	<b>VP/D</b>
NAME	<b>Jan Pancake</b>
STREET ADDRESS	<b>3420 Beth Ln. Melbourne, FL 32934</b>
CITY	<b>S/T/D</b>
NAME	<b>Kathy Williams</b>
STREET ADDRESS	<b>5042 Damson Ct. Orlando, FL 32821</b>
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TYPE	<input type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME	<b>DELETE</b>
STREET ADDRESS	
CITY	
NAME	<b>P/D</b>
STREET ADDRESS	<b>Jan Pancake 3420 Beth Ln. Melbourne, FL 32934</b>
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

**700001914467  
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\*\*\*61.25**

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature and title herein are genuine and correct.

SIGNATURE *Jan Pancake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jan Pancake, President**

*8-1-96 407-254-3028*

CR2E034 (3/96)