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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # N96000000173 (2)
1. Corporation Name
K2 PROJECT, INC.



Principal Place of Business: **2989 WENTWORTH FT. LAUDERDALE FL 33332 US**
Mailing Address: **2989 WENTWORTH FT. LAUDERDALE FL 33332**

3. Date Incorporated or Qualified: **01/10/1996**
4. FEI Number: **65-0642995**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *N/A*

2. Principal Place of Business: **N/A**
2a. Mailing Address: **N/A**
21. Suite, Apt. #, etc.: **N/A**
26. Suite, Apt. #, etc.: **N/A**
22. City & State: **N/A**
27. City & State: **N/A**
23. Zip: **N/A**
25. Country: **N/A**
28. Zip: **N/A**
30. Country: **N/A**

9. Name and Address of Current Registered Agent
**REISER, RAYMOND A
1 S.E. 3RD AVE., SUITE 1240
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name: **N/A**
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALDEZ, DEE SCOTT	
STREET ADDRESS	2989 WENTWORTH	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAW, PETER	
STREET ADDRESS	327 LAKECREST CRT	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SUMPTER, MELANIE	
STREET ADDRESS	1133 FAIRLAKE TRACE APT 2005	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Valdez, Dee Scott PD	
1.3 STREET ADDRESS	2989 Wentworth	
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33332	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shaw, Peter TD	
2.3 STREET ADDRESS	327 Lakecrest Crt.	
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33326	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rosie Magnatti SD	
3.3 STREET ADDRESS	1012 Fairfax Lane	
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33326	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dee Scott Valdez* 1/8/98 954-384-5731

CR2E037 (10/97)