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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000173

1. Corporation Name
K2 PROJECT, INC.

Principal Place of Business 2909 WENTWORTH FT. LAUDERDALE FL 33332 US	Mailing Address 2909 WENTWORTH FT. LAUDERDALE FL 33332
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2. Principal Place of Business 21 <u>327 LAKECREST CT</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>327 LAKECREST CT</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/10/1996
22 City & State 23 <u>WESTON FL</u>	27 City & State 28 <u>WESTON, FL</u>	4. FEI Number 65-0642995
24 Zip <u>33326</u> 25 Country <u>USA</u>	29 Zip <u>33326</u> 30 Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

REISER, RAYMOND A 1 S.E. 3RD AVE., SUITE 1240 MIAMI FL 33131	10. Name and Address of New Registered Agent	
	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	VALDEZ, DEE SCOTT	1.2 NAME	DIANE VALENTINI
STREET ADDRESS	2989 WENTWORTH	1.3 STREET ADDRESS	2310 ARVIA PARKWAY
CITY-ST-ZIP	FT LAUDERDALE FL 33332	1.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	TD	2.1 TITLE	
NAME	SHAW, PETER	2.2 NAME	
STREET ADDRESS	327 LAKECREST CRT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	MAGNATTI, ROSIE	3.2 NAME	
STREET ADDRESS	1012 FAIRFAX LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	
NAME	BYRON JAFFE	4.2 NAME	
STREET ADDRESS	1500 GLADY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	4.4 CITY-ST-ZIP	
TITLE	GENERAL MANAGER DIRECTOR	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS	700 SPINDAKER	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR	6.1 TITLE	
NAME	JUDY ROBAINA	6.2 NAME	
STREET ADDRESS	16526 RUBY LAKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	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, with all other like empowered.

SIGNATURE: Peter Shaw **REQUIRED** Shaw Date: 6/4/99 Daytime Phone #: (305) 477-3552

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