FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS											
DOCUMENT # L70991 (9)											
1. Corporation N K-2, INC											
K-2, 114C	,										
Principal Place o	of Business		Mailing Address				t ie totate	. 49119 12119 1919	. ,,,,		
	K. SCRUGGS. JR.		C/O WILLIAM K. 656 N. BEAL PAR		JR.						
656 N. BEAL 1 FORT WALTO	656 N. BEAL PARKWAY FORT WALTON BEACH FL 32547			FORT WALTON BEACH FL 32547			3. Date incorporated 05/04/1990	1 *	3a. Date of Last Report 09/21/1995		
2. Principal Plac	ne of Business		2a. Mailing Address	3	··		4. FEI Number			Ar	oplied For
21			26				59-301294	<u> </u>			ot Applicable Additional
Suite, Apt. #.	, etc.		Suite, Apt. #, 61	เษ			5. Certificate of State	us Desired		Fee Ro	equired
City & State			City & State				6. Election Campaig				May Be to Fees
23			28 Z _I O	Т	Country		Trust Fund Contri 8. This corporation to		ıntangible		
Zip 24	25	untry	29	30	,		Florida Statutes	Yes	s □ No		
	9. Name and A	ddress of Current	Registered Agent		81	Name	10. Name and Addr	ess of New F	registere	u Ayem	
656 N. E	38, WILLIAM K J BEAL PARKWAY				82 83		dress (P.O. Box Number is	Not Acceptal	ble)		
656 N. E Fort W	Beal Parkway Yalton Beach	FL 32547	and 607.1508, Florida	Statutes, In	82 83 84	Street Add		for the co	F	hanging its re	Code egistered office agent Tami
656 N. E FORT W	BEAL PARKWAY ALTON BEACH of the provisions of	FL 32547 Sections 607 0502	and 607.1508, Florida la Such change was a on 607.0605, Florida St		82 83 84	Street Add	dress (P.O. Box Number is prat on submits this staten pard of directors. I hereby a	for the co	urpose of continent	hanging its re	onistered office
FORT W 11. Pursuant to or registers familiar with	BEAL PARKWAY (ALTON BEACH to the provisions of ed agent, or both, in th, and accept the o	FL 32547 Sections 607 0502 In the State of Fronti obligations of, Section	on 607.0505, Florida St	tatutes.	83 84 e above in the corporation	Orty Carried corporation's boo	oration submits this staten and of directors. I hereby a	nent for the pu	urpose of oppointment	changing its re as registered	egistered office agent I am
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CITY-SI-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name 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 attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF HONING OFFICER OR MACKED.

NAME

3/28/96 904863 4270

CR2E034 (12/95)