

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90008 046 ****61.25

0039406

DOCUMENT # N96000000173

1. Corporation Name

K2 PROJECT, INC.

Principal Place of Business

2000 WENTWORTH
FT. LAUDERDALE FL 33332
US

Mailing Address

2000 WENTWORTH
FT. LAUDERDALE FL 33332



2. Principal Place of Business

21 327 LAKECREST CT

Suite, Apt. #, etc.

22

City & State

23 WESTON FL

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 327 LAKECREST CT

Suite, Apt. #, etc.

27

City & State

28 WESTON, FL

Zip

29 33326

Country

30 USA

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

65-0642995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VALDEZ, DEE SCOTT

STREET ADDRESS 2989 WENTWORTH

CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE TD ☐ DELETE

NAME SHAW, PETER

STREET ADDRESS 327 LAKECREST CRT

CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE SD ☐ DELETE

NAME MAGNATTI, ROSIE

STREET ADDRESS 1012 FAIRFAX LANE

CITY-ST-ZIP FT. LAUDERDALE FL 33326

TITLE DIRECTOR ☐ DELETE

NAME BYRON JAFFE

STREET ADDRESS 1500 GLADY RD

CITY-ST-ZIP WESTON, FL 33326

TITLE SENIOR MEMBER DIRECTOR ☐ DELETE

NAME 700 SPINDAKER

STREET ADDRESS WESTON, FL 33326

TITLE DIRECTOR ☐ DELETE

NAME JUDY ROBAINA

STREET ADDRESS 16526 RUBY LAKE

CITY-ST-ZIP WESTON, FL 33331

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☐ Addition

1.2 NAME DIANE VALENTINI

1.3 STREET ADDRESS 2310 ARVIA PARKWAY

1.4 CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)