

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L44050

(7)

1. Corporation Name

PROJECT INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
C/O JEAN MANSSON 5205 SARASOTA COURT CAPE CORAL FL 33904		C/O JEAN MANSSON 5205 SARASOTA COURT CAPE CORAL FL 33904	
2. Principal Place of Business		2a. Mailing Address	
21 ANDERS MANSSON		26 ANDERS MANSSON	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 3613 DEL PRADO BLVD		27 3613 DEL PRADO BLVD	
City & State		City & State	
23 FLORIDA		28 FLORIDA	
Zip		Zip	
24 33904		29 33904	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified	
01/22/1990	
4. FEI Number	Applied For
65-0177399	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANSSON, JEAN 5205 SARASOTA COURT CAPE CORAL FL 33904		81 Name ANDERS MANSSON	
		82 Street Address (P.O. Box Number is Not Acceptable) 3613 DEL PRADO BLVD	
		83 CAPE CORAL, FL 3	
		84 City	
		FL 85 Zip Code 33904	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE 3/12/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSSON, JEAN	1.2 NAME	ANDERS MANSSON
STREET ADDRESS	5205 SARASOTA COURT	1.3 STREET ADDRESS	3613 DEL PRADO BLVD
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWGREN, STEVE	2.2 NAME	
STREET ADDRESS	1670 EDITH ESPLANDE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSSON, ULF	3.2 NAME	
STREET ADDRESS	1670 EDITH ESPLANDE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEHEL, HANS	4.2 NAME	
STREET ADDRESS	1670 EDITH ESPLANDE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)