

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90081 009 ***150.00

DOCUMENT # L44050

1. Corporation Name

PROJECT INVESTMENTS, INC.

Principal Place of Business

MANSSON, ANDERS
3613 DEL PRADO BLVD
CAPE CORAL FL 33904
US

Mailing Address

MANSSON, ANDERS
3613 DEL PRADO BLVD
CAPE CORAL FL 33904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1990

4. FEI Number

65-0177399

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

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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9. Name and Address of Current Registered Agent

MANSSON, ANDERS
3613 DEL PRADO BLVD
CAPE CORAL FL 33904

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MANSSON, ANDERS
3613 DEL PRADO BLVD
CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LOWGREN, STEVE
1670 EDITH ESPLANDE
CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANDERSSON, ULF
1670 EDITH ESPLANDE
CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HOECHEL, HANS
1670 EDITH ESPLANDE
CAPE CORAL FL

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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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

941-549-7400

Date

Daytime Phone #

CR2E034 (11/98)

0440104