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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #. L44050

PROJECT INVESTMENTS, INC.

1							
Principal Place of Business Mailing Address							21211 23 11 1 33 1
MANSSON, ANDERS 3613 DEL PRADO BLVD CAPE CORAL FL 33904 US		MANSSON. ANDERS 3613 DEL PRADO BLVD CAPE CORAL FL 33904 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					01/22/1990		
2. Princinal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	plied For
21 26					65-0177399	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22	•	27			3. Certificate of Status Desired	Fee Re	equired
City & State	e	City & State		-	6. Election Campaign Financing	•	May Be
23	28		Country		Trust Fund Contribution		to Fees
Zip	Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Current		30		10. Name and Address of New Registere		
	J. Name and Address of Current	Tradistored Agent	8	1 Name			
MAN	SSON, ANDERS	•	ا	Dispose Addr	ess (P.O. Box Number is Not Acceptable)		
3613 DEL PRADO BLVD			[*	Street Addr	ess (P.O. Box Number is Not Acceptable)		
CAPI	E CORAL FL 33904		ε	3			
		3.00	.	I4 City		. 85 Zip	Code
	والورية شورا المحاريين	or market a			<u></u>	LII	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ove-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	s registered eaistered
agent. La	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statut	es.	1/2 Dodie 0, encourse 1 harday enable 11-1-1-1-1-1		,
SIGNATURE					d when reinstating) DATE		\
42	Signature, typed or printed name of registered agent		Registered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	DP OFFICERS AND		_		7,557,10,10,10,10,10,10		
·		□ DELETE	1.1 TITL	= 1	•	Change	Addition
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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 of 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, and an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 1

CITY-ST-ZIP

941- 549-7400 Davtime Phone #