

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L46455 (6)**

1. Corporation Name
PROJECT THREE, INC.

Principal Place of Business Mailing Address
3810 N. AIRPORT RD SUITE A NAPLES FL 33942 **3810 N. AIRPORT RD SUITE A NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/31/1990** 3a. Date of Last Report **08/04/1994**

4. FEI Number **65-0185547** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under § 100.001, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. **C/O SWOPE, LAMBERSON & GUILKEY, P.A.**
22. **4501 TAMiami TR. N., #204**
23. **NAPLES, FL**
24. **33940** 25. **USA**

9. Name and Address of Current Registered Agent
**MURPHY, VINCENT
3810 N. AIRPORT ROAD
SUITE A
NAPLES FL 33942**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code **FL**

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 _____

12. OFFICERS AND DIRECTORS
TITLE **PS**
NAME **ELLIS, JAYNE**
STREET ADDRESS **LES TOURELLES BON PORT 15**
CITY, ST, ZIP **1820 MONTREUX, SWITZ.**
TITLE **WX**
NAME **TURNER, ALEX WX**
STREET ADDRESS **X2 BURMAN CLOSE**
CITY, ST, ZIP **ONCHAW, ISLE OF MAN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PVST** Change Addition
1.2 NAME **ELLIS, JAYNE**
1.3 STREET ADDRESS **LES TOURELLES BON PORT**
1.4 CITY, ST, ZIP **1820 MONTREUX, SWITZERLAND**
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(k), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to use on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE: *J. Ellis* (J. ELLIS)
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/6/95 813-242-0170