

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000000554 (3)

1. Corporation Name  
SMITH MYERS USA, INC.



Principal Place of Business

201 FRONT ST  
SUITE 312  
KEY WEST FL 33040

Mailing Address

201 FRONT ST  
SUITE 312  
KEY WEST FL 33040-8349

2. Principal Place of Business

21 624 Whitehead St.  
Suite, Apt. #, etc

2a. Mailing Address

26 624 Whitehead St.  
Suite, Apt. #, etc

23 City & State

Key West, FL

28 City & State

Key West, FL

24 Zip 33040

Country

29 Zip 33040

Country

3. Date Incorporated or Qualified

02/01/1996

3a. Date of Last Report

02/01/1996

4. FEI Number

02-0464695

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PLATT, KEN  
201 FRONT ST  
SUITE 312  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 624 Whitehead St.

84 City Key West

FL

85 Zip Code 33040

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 607.0605, Florida Statutes.

SIGNATURE

Ken Platt

1/16/96

Signature required only if registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPSD	<input type="checkbox"/> DELETE
NAME	MYERS, PETER J	
STREET ADDRESS	40 MEADOW WAY LETCHWORTH HENTS	
CITY - ST - ZIP	SG6 3HX, UNITED KINGDOM	
TITLE	VCVT	<input type="checkbox"/> DELETE
NAME	SMITH, ANTHONY J	
STREET ADDRESS	6 SOLUS CHURCH RD SULTON BEDS	
CITY - ST - ZIP	SG192NB, UNITED KINGDOM	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ANTHONY J	
STREET ADDRESS	6 SOLUS CHURCH RD SULTON BEDS	
CITY - ST - ZIP	SG192NB, UNITED KINGDOM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)