


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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000554 (3)**

1. Corporation Name

**SMITH MYERS USA, INC.**

Principal Place of Business

**624 WHITEHEAD ST  
KEY WEST FL 33040  
US**

Mailing Address

**624 WHITEHEAD ST  
SUITE 312  
KEY WEST FL 33040  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>1418 Norman St. NE</b>	26 <b>1418 Norman St. N.E.</b>
Suite Apt. #, etc. <b># 11</b>	Suite Apt. #, etc. <b># 11</b>
22 City & State <b>Palm Bay, FL</b>	27 City & State <b>Palm Bay, FL</b>
23 Zip <b>32907</b>	28 Zip <b>32907</b>
24 Country <b>USA</b>	29 Country <b>USA</b>
30 <b>USA</b>	

9. Name and Address of Current Registered Agent

**PLATT, KEN  
624 WHITEHEAD ST  
SUITE 312  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name **MARK BAKER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1418 Norman Street N.E.**  
83 **Suite 11**  
84 City **Palm Bay** FL 85 Zip Code **32907**

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

**Mark W. Baker**, **MARK BAKER - VP-GM**

**3-12-98**

Signature: typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPSD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, PETER J</b>	1.2 NAME	
STREET ADDRESS	<b>40 MEADOW WAY LETCHWORTH HENTS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SG6 3HX, UNITED KINGDOM</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VCVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ANTHONY J</b>	2.2 NAME	
STREET ADDRESS	<b>6 SOLUS CHURCH RD SULTON BEDS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SG192NB, UNITED KINGDOM</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ANTHONY J</b>	3.2 NAME	
STREET ADDRESS	<b>6 SOLUS CHURCH RD SULTON BEDS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SG192NB, UNITED KINGDOM</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VP-GM</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>MARK BAKER</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>451 Carpenter Ave N.W. Palm Bay, FL 32907</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:

**Mark W. Baker**

**3-12-98 462-726-9815**

CR2E034 (10/97)