

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90114 013 ***150.00

DOCUMENT # F96000001604

1. Corporation Name
TERM-MESH USA INC.



Principal Place of Business
10 WESTCHESTER RD
MALAGA, WESTERN AUSTRALIA 6000
US

Mailing Address
P. O. BOX 2466
MALAGA, WESTERN AUSTRALIA 6944
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1996

2. Principal Place of Business

21 48 CENTURY ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For
No 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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

22 City & State

23 MALAGA WESTERN AUSTRALIA

24 6090 25 AUSTRALIA

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

YADLEY, GREGORY C
101 E. KENNEDY BLVD., STE 2800
TAMPA FL 33602

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

TITLE PD ☐ DELETE
NAME TOUTOUNTZIS, VASILIOS
STREET ADDRESS 4 NERIDA PLACE
CITY-ST-ZIP SORRENTO, WESTERN AUSTRALIA

TITLE D ☐ DELETE
NAME TOUTOUNTZIS, AGAPI
STREET ADDRESS 4 NERIDA PLACE
CITY-ST-ZIP SORRENTO, WESTERN AUSTRALIA

TITLE CD ☐ DELETE
NAME YANAGIDA, ROKUTERU
STREET ADDRESS 4-47 MUROMACHI, IKEDA-CITY
CITY-ST-ZIP OSAKA JA 563-0

TITLE STD ☐ DELETE
NAME MATSUKI, YOSHIO
STREET ADDRESS 6-15 HIGASHI YAMA-CHO KOYDEN
CITY-ST-ZIP NISHINOMIYA JA

TITLE AS ☐ DELETE
NAME YADLEY, GREGORY C
STREET ADDRESS 101 E KENNEDY BLVD., STE 2800
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0001153