

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 12 1997 8:00am  
Secretary of State

DOCUMENT # **F96000005573 (8)**

1. Corporation Name:  
**MIDLAND USA, INC.**



Principal Place of Business

**1690 N. TOPPING AVE.  
KANSAS CITY MO 64120**

Mailing Address

**1690 N. TOPPING AVE.  
KANSAS CITY MO 64120-1224**

3. Date Incorporated or Qualified

**10/28/1996**

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**04-2450145**

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

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEIBERT, DAVID	
STREET ADDRESS	1690 N. TOPPING AVE.	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKINSON, HOWARD	
STREET ADDRESS	1690 N. TOPPING AVE.	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARSTON, GREGG	
STREET ADDRESS	1690 N. TOPPING AVE.	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WASSERMAN, STEVEN	
STREET ADDRESS	1690 N. TOPPING AVE.	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSTALL, MARVIN	
STREET ADDRESS	1690 N. TOPPING AVE.	
CITY-ST-ZIP	KANSAS CITY MO 64120	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, NICHOLAS	
STREET ADDRESS	1690 N. TOPPING AVE.	
CITY-ST-ZIP	KANSAS CITY MO 64120	

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 is based 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 #

0463542

CR2E034 (9/96)