

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

FILED  
Mar 06 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 # **G22750** (5)  
1. Corporation Name  
**GMT USA, INC.**



Principal Place of Business: **% LARS LEWANDER 6050 PALMER BLVD SARASOTA FL 34232**  
Mailing Address: **% LARS LEWANDER 6050 PALMER BLVD SARASOTA FL 34232-2844**

3. Date Incorporated or Qualified: **02/01/1983** 3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business: **7061 15th ST EAST** 2a. Mailing Address: **7061 15th ST EAST**

4. FEI Number: **59-2286435** Applied For:  Not Applicable:

22. Suite, Apt #, etc. (blank) 27. Suite, Apt #, etc. (blank)

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

23. City & State: **SARASOTA FL** 28. City & State: **SARASOTA FL 34243**

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

24. Zip: **34243** 25. Country: **MANATEE** 29. Zip: **34243** 30. Country: **MANATEE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **LEWANDER, LARS 6050 PALMER BLVD SARASOTA, 34232**

10. Name and Address of New Registered Agent: 81 Name (blank) 82 Street Address (P.O. Box Number is Not Acceptable): **7061 15th STREET EAST** 83 (blank) 84 City: **SARASOTA FL** 85 Zip Code: **34243**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CPD	LEWANDER, LARS	3403 12TH AVE EAST	BRADENTON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, on an attachment with an address.

SIGNATURE: *[Signature]* 97/2/98 756 0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)