PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G22750** 1. Corporation Name

GMT USA, INC.

7061 15TH ST E SARASOTA FL 34243 Mailing Address

FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90004 004 ***150.00



Principal Place of Business 7061 15TH ST EAST SARASOTA FL 34243 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 02/01/1983 2a. Mailing Address 26 GO LARS LEWANDER Applied For 4. FEI Number 2. Principal Place of Business Not Applicable 59-2286<u>4</u>35 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired 7061 15 Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing FtSARASOTA Added to Fees Trust Fund Contribution 23 28 This corporation owes the current year Intangible
 Personal Property Tax.

Yes

Yes Country Country Zip 34243 US Пио 30 Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEWANDER, LARS 82 Street Address (P.O. Box Number is Not Acceptable) 7061 15TH ST EAST SARASOTA FL 34243 83 Zip Code 84 85 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition DELETE Change 1.1 TITLE TITLE LEWANDER, LARS 12 NAME NAME 3403 12TH AVE EAST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 empowered

SIGNATURE:

752-0600

CR2E034 (11/98)