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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:33

DOCUMENT # L42260 (4)

1. Corporation Name
MEYER U.S.A., INC.

Principal Place of Business	Mailing Address
~~520 US HWY 1~~ ~~NORTH PALM BEACH 33408~~	1900 AUSTRALIAN AVE. 2ND FLOOR RIVIERA BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1990	3a. Date of Last Report: 01/19/1994
4. FEI Number: 65-0206107	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1900 AUSTRALIAN AVE	26
22 2nd Floor	27
23 RIVIERA BEACH, FL	28
24 33404	29
25 USA	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SULLIVAN, DAVID 1900 AUSTRALIAN AVE RIVIERA BEACH FL 33404	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DOBBY, J. M.	1.2 NAME	
STREET ADDRESS	1900 AUSTRALIAN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, J. G. R.	2.2 NAME	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, M. J.	3.2 NAME	
STREET ADDRESS	1900 AUSTRALINN AVE. 2ND FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DAVID	4.2 NAME	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DAVID	5.2 NAME	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David Sullivan David SULLIVAN 2/3/95 (407) 844-4481
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0244324 CP