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Apr 04 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 # L42260 (4)

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



Principal Place of Business  
1800 AUSTRALIAN AVE  
2ND FLOOR  
RIVIERA BEACH FL 33404  
US

Mailing Address  
1800 AUSTRALIAN AVE.  
2ND FLOOR  
RIVIERA BEACH FL 33404-5322  
US

3. Date Incorporated or Qualified  
01/08/1990

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0206107

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEDDEN, H.R.	
STREET ADDRESS	1900 AUSTRALIAN AVENUE 2ND FLOOR	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, J. G. R.	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDWARDS, M. J.	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, DAVID	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVAN, DAVID	
STREET ADDRESS	1900 AUSTRALIAN AVE. 2ND FLOOR	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" 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	D	<input checked="" 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 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* 3/24/97 561 842-4281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)