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FILED

Jan 27 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 # P96000073029 (6)

1. Corporation Name
INDO-AM (USA) INCORPORATED



Principal Place of Business

1600 SUNTRUST BANK BUILDING
200 W. ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address

1600 SUNTRUST BANK BUILDING
200 W. ADAMS STREET
JACKSONVILLE FL 32202-4302

3. Date Incorporated or Qualified

08/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 3500 UNIV BLVD

2a. Mailing Address

26 PO Box 87166

4. FEI Number

59-3398225

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 2715

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 32277

Country

25 DUVAL

Zip

29 32239

Country

30 DUVAL

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

9. Name and Address of Current Registered Agent

STEWART, CARL M
1600 SUNTRUST BANK BUILDING
200 W. ADAMS STREET
JACKSONVILLE FL 32202

SAME REGISTERED AGENT
- NEW ADDRESS -

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1301 RIVERPLACE BLVD SUITE 1500

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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 CARL M. STEWART

JANUARY 15, 1997

(Signature types or prints of registered agent and file: 1 app cable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P
NAME LIPPERT, LEE
STREET ADDRESS P.O. BOX 8786
CITY-ST-ZIP JACKSONVILLE FL 32239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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, as changed, or on an attachment with an address.

SIGNATURE:

Lee E. Lippert

LEE E. LIPPERT

PRESIDENT

15 JAN 97

304-744-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)