

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004530 (9)

1. Corporation Name

ENTERTAINMENT INSURANCE AGENCY INC.

Principal Place of Business

5208 FOLKSTONE  
TROY MI 48098-3270

Mailing Address

5208 FOLKSTONE  
TROY MI 48098-3270

2. Principal Place of Business

21 840 MYRTLE TERRACE

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL

Zip 34103

Country

2a. Mailing Address

26 840 MYRTLE TERRACE

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip 34103

Country

9. Name and Address of Current Registered Agent

HOWELL, WALTER R JR  
4500 EXECUTIVE DR  
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

4. FEI Number

38-2995831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

HOWELL WALTER R. JR

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

840 MYRTLE TERRACE

83

84 City

NAPLES

FL

85 Zip Code

34103

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 607.0605, Florida Statutes.

SIGNATURE

Signature: *Walter R. Howell, Jr.*  
WALTER R. HOWELL, JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/97

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME HOWELL, WALTER R JR  
STREET ADDRESS 10339 QUAIL CROWN DR  
CITY-ST-ZIP NAPLES FL 33999

TITLE S ☐ DELETE

NAME HOWELL, BARBARA A  
STREET ADDRESS 10339 QUAIL CROWN DR  
CITY-ST-ZIP NAPLES FL 33999

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☒ Change

☐ Addition

1.2 NAME

HOWELL, WALTER R. JR

1.3 STREET ADDRESS

4170 LOS ALTOS CT.

1.4 CITY-ST-ZIP

NAPLES, MI 34109

2.1 TITLE

SECRETARY

☒ Change

☐ Addition

2.2 NAME

HOWELL, BARBARA A.

2.3 STREET ADDRESS

4170 LOS ALTOS CT.

2.4 CITY-ST-ZIP

NAPLES, MI 34109

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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:

*Walter R. Howell, Jr.*

9/4/97

FILED

Sep 12 1997 8:00am  
Secretary of State



CR2E034 (4/97)