

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -3 AM 8:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L39573 (5)

1. Corporation Name

ENTERTAINMENT INTERNATIONAL, INC.

Principal Place of Business

**% ANTOINETTE J WHEAT
1324 W BUSCH BLVD
TAMPA FL 33612-7710
US**

Mailing Address

**% ANTOINETTE J WHEAT
1324 W BUSCH BLVD
TAMPA FL 33612-7710
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/26/1989

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2986252

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**

**9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHEAT, ANTOINETTE J
1324 W BUSCH BLVD
TAMPA FL 33612**

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 this if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**PTD
BELKNAP, CHARLES ROBERT
12509 SUGAR PINE WAY
TAMPA FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**SVD
PETERSEN, TONNY HJORT
3505 MAXTON TRAIL
WINSTON-SALEM NC**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

**Change ☒ Addition ☐
18565 Kingbird Drive
Lutz, FL 33549-2710**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

Change ☐ Addition ☐

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

Change ☐ Addition ☐

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

Change ☐ Addition ☐

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

Change ☐ Addition ☐

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

Change ☐ Addition ☐

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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: *Charles Robert Belknap* BELKNAP, CHARLES ROBERT BELKNAP 2/27/95 (813) 961-6693

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

(Typed Name)