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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

DOCUMENT # P96000100132 (5)

HOWEY ACQUISITION, INC.

Principal Place of Business Mailing Address 22333 ALLEN ROAD 22333 ALLEN ROAD WOODHAVEN MI 48183 WOODHAVEN MI 48183-2247 3. Date incorporated or Qualified 3a. Date of Last Report 12/11/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Numbe Applied For 38-3334543 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Namal Williams C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Sireo Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 Suite 105 City Fort Meyers 84 85 33907 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** ed when reinstating) OFFICERS AND DIRECTORS 12. President & Director Change Addition TITLE 1.1 TITLE Charles O. Howey NAME 1.2 NAME 22333 Allen Road 13 STREET ADDRESS STREET ADDRESS Woodhaven, MI 48183
Secretary/Treasurer & Director 14 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE 2111TLE John K. Howey 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 22333 Allen Road <u>Woodhaven, MI 48183</u> CHTY-ST-ZIP 2 4 CITY - ST - 7IP Addition DELE 1E Change Director 3.1 1111.6 TITLE Paul N. Howey NAME 3.2 NAME 22333 Allen Road STREET ADDRESS 3.3 STREET ADDRESS 48183 Woodhaven, MI CITY-ST-ZIP 3.4. C(1Y - S1 - 2(P) DETELLE Change Addition TITLE 4.1 TULE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7/P DELETE 5 1 117LF Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY- \$1 - 7IP CITY-\$T-ZIP Change Addition □ DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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

FILED
May 09 1997 8:00am
Secretary of State

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