

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 713135 (2)

1. Corporation Name

INTERNATIONAL BROTHERHOOD OF PAINTERS AND ALLIED  
TRADES LOCAL UNION NO. 160, INC.

Principal Place of Business

Mailing Address

PAINTER'S L.U. #160  
2152 JOHNSON ST.  
HOLLYWOOD FL 33020

PAINTER'S L.U. #160  
2152 JOHNSON ST.  
HOLLYWOOD FL 33020



3. Date Incorporated or Qualified  
07/28/1967

3a. Date of Last Report  
03/22/1995

4. FEI Number  
59-0383797

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

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

LAREAU, DAVID  
6137 GRANT STREET  
HOLLYWOOD 33024

1. Name

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

3. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abovesigned 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered agent signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CLOMAN, DAVE  
STREET ADDRESS 4620 N.W. 2ND STREET  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE V  
NAME PATTEN, JAMES  
STREET ADDRESS 501 NE 8TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE D  
NAME HOEFT, RONALD  
STREET ADDRESS 9502 NW 70 ST.  
CITY-ST-ZIP TAMARAC FL

☒ DELETE

TITLE T  
NAME HOLMES, RANDALL  
STREET ADDRESS 6511 SW 57TH ST.  
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE D  
NAME PATRICK, MICHAEL  
STREET ADDRESS 1430 N 67 TERR  
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL HOLMES

Date:

3/7/96 954-922-4106

Daytime Phone #

CR2E037 (12/95)