

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**

3. Date Incorporated or Qualified **07/28/1967** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-0383797** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

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

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**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL 85** Zip Code

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

SIGNATURE

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

(NOTE: Registered agent signature required when filing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLOMAN, DAVE	
STREET ADDRESS	4620 N.W. 2ND STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATTEN, JAMES	
STREET ADDRESS	501 NE 8TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOEFT, RONALD	
STREET ADDRESS	9502 NW 70 ST.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, RANDALL	
STREET ADDRESS	6511 SW 57TH ST.	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATRICK, MICHAEL	
STREET ADDRESS	1430 N 67 TERR	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Holmes, Randall	
3.3 STREET ADDRESS	6511 SW 57 ST.	
3.4 CITY-ST-ZIP	DAVIE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Schervone, Lowell	
4.3 STREET ADDRESS	8635 BRIDGE PATH CT	
4.4 CITY-ST-ZIP	DAVIE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Handwritten Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL HOLMES 3/7/96 954-922-4108
Date Daytime Phone #

CR2E037 (12/95)