

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 6:27
TALLAHASSEE, FLORIDA

1. Corporation Name
The Great Frame Up Systems, Inc.

DOCUMENT #
838348 (1)

Mailing Address
**9335 Belmont Avenue
Franklin Park, IL 60131-2809**

Principal Place of Business

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address		2a. Principal Place of Business		4. FEI Number		3a. Date of Last Report	
21		2b		36-2838179		4/26/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Applied For	
22		27		S8.75 Additional Fee Required ☐		Not Applicable	
City & State		City & State		7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
23		28				\$5.00 May Be Added to Fees	
Zip	Country	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	
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/D	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	Klitzky, David	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	9335 Belmont Avenue	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Franklin Park, IL 60131	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE	V/T/D	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	Bellew, Steven D.	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	9335 Belmont Avenue	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Franklin Park, IL 60131	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE	S/D	3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME	Klitzky, Marlowe	3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS	9335 Belmont Avenue	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Franklin Park, IL 60131	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		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 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Marlowe Klitzky 4/26/95 708-671-2530
Marlowe Klitzky
JCTON Date Daytime Phone