

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **838348** (1)

1. Corporation Name

THE GREAT FRAME UP SYSTEMS, INC.

Principal Place of Business

**9335 W. BELMONT AVE
FRANKLIN PARK IL 60131**

Mailing Address

**9335 W. BELMONT AVE
FRANKLIN PARK IL 60131**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1977

4. FEI Number

36-2838179

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 100 Glenborough Dr.

Suite, Apt. #, etc.

22 14th Floor

City & State

23 Houston, Texas

Zip

24 77067

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 1187

Suite, Apt. #, etc.

City & State

28 Houston, Texas

Zip

29 77251-1187

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLITZKY, DAVID	
STREET ADDRESS	9335 W. BELMONT AVE	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BELLEW, STEVEN D.	
STREET ADDRESS	9335 W. BELMONT AVE	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KLITZKY, MARLOWE	
STREET ADDRESS	9335 W BELMONT AVE	
CITY-ST-ZIP	FRANKLIN PARK IL 60131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leavine, Wilburn W.	
1.3 STREET ADDRESS	100 Glenborough Dr., 14th Floor	
1.4 CITY-ST-ZIP	Houston, TX 77067	
2.1 TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lowrey, Steven W.	
2.3 STREET ADDRESS	100 Glenborough Dr., 14th Floor	
2.4 CITY-ST-ZIP		
3.1 TITLE	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Wilburn W. Leavine

8/13/98

Secretary of State

CR2E034 (10/97)