Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90021 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 838348

1. Corporation Name

THE GREAT FRAME UP SYSTEMS, INC.

Principal Place	of Business	Mailing Address					72 01011			
100 GLENBORO	ugh drive	P O BOX 1187								
14TH FL		HOUSTON TX 77251-87			DO NOT WRITE IN THIS SPACE					
HOUSTON TX 7	7067	US			3. Date Incorporated or Qualifed					
US						05/04/1977				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Appli	ed For	
21		26			36-2838179			Not A	Applicable	
Suite, Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired				ditional	
22		27			_5_ Certificate of Status Desired	<u> </u>	Eec	Requ	ired	
City & State	3	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution		Add	ed to	Fees	
Zip	Country	Zip Country			8. This corporation owes the currer	it year Inta				
24		29	30		···	Personal Property Tax.		Yes	L]No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Re	gistered A	\gent_		
AT AARDAD (TOM AVATEU				81	Name					
	ORPORATION SYSTEM				Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	S. PINE ISLAND ROAD		1							
PLAN	ITATION FL 33324			83					}	
			}	84	City			85 2	Zip Co	de
			1	- 1	Ť		<u>FL</u>	<u> </u>	-:-	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was au	thorized	Dγι	tne corporatio	oration submits this statement for the p n's board of directors. I hereby accept	urpose or e the appoin	changing itment a	g its re s regis	stered
SIGNATURE										\
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				egistered Agent signature require			DATE		2700	0.0142
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFI	CERS AN	□ Char		Addition
TITLE	PD	☐ DELETE	1.1 गरी						,gu	
NAME	LEAVINE, WILBURN W		1.2 NA		})
STREET ADDRESS	100 GLENBOROUGH DR, 14TH	FL .	1,3 STREET ADDRESS							1
CITY-ST-ZIP	HOUSTON TX 77067		1.4 CIT		-ZIP	- Andrews - Company - Comp		☐ Char	200	Addition
TITLE	CEOD DELETE			2.1 TITLE				☐ Criai	iĝe	☐ Addition
NAME	2011121, 0121211 11			ME.						ŀ
STREET ADDRESS				ÆET	ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77067		2.4 Cf		T-ZIP			Cha		- Addition
TITLE				3.1 TITLE				Cha	ige	Addition
NAME			3.2 NA	ME						ļ
STREET ADDRESS			3.3 STF	REET	ADDRESS					ļ
CITY-ST-ZIP			3.4. CI		T-ZIP					✓ A delision
TITLE				4.1 TITLE				☐ Chai	nge	Addition
NAME			4. 2 NA	ME						1
STREET ADDRESS			4.3 STF	REET	ADDRESS					1
CITY-ST-ZIP			4.4 CIT	Y-ST	T- ZIP		<u></u>			
TITLE		☐ DELETE	5.1 TIT	LE				☐ Chai	nge	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STF	REET	ADDRESS]
CITY-ST-ZIP	·		5.4 CIT		r- ZIP					
TITLE		☐ DELETE	6.1 TIT	LE				Cha	nge	Addition
NAME			6.2 NA	ME	1					ł
CTDECT ADDRESS			6.3 ST	REET	ADDRESS					

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP