

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F94000005391 (7)**

1. Corporation Name

CONCO PAINT COMPANY

Principal Place of Business
**6550 FLOTILLA AVE.
CITY OF COMMERCE CA 90040**

Mailing Address
**6550 FLOTILLA AVE.
CITY OF COMMERCE CA 90040-1714**



3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 04/01/1996
4. FEI Number 95-4400460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEETS, JOHN B.	1.2 NAME	
STREET ADDRESS	2025 ELKINS PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA CA	1.4 CITY - ST - ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILAND, ROBERT M.	2.2 NAME	
STREET ADDRESS	1704 MILAN	2.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH PASADENA CA	2.4 CITY - ST - ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, J. MARK	3.2 NAME	
STREET ADDRESS	5448 E. EASTATE RIDGE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ANAHEIM HILLS CA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, STEVE	4.2 NAME	
STREET ADDRESS	4512 WOODDALE AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	EDINA MI	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYELTS, PAUL	5.2 NAME	
STREET ADDRESS	1819 JAMES AVENUE S	5.3 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MI	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILAND, WILLIAM M.	6.2 NAME	
STREET ADDRESS	251 TILDEN AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELOS CA	6.4 CITY - ST - ZIP	

14. I do 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)