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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 15 PM 2:33

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

DOCUMENT # 837755

1. Corporation Name
PAINTERS' COLLABORATIVE, INC.

Principal Place of Business
5374 N. ELSTON AVE.
CHICAGO IL 60630

Mailing Address
5374 N. ELSTON AVE.
CHICAGO IL 60630

3. Date Incorporated or Qualified
01/26/1977

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITES STATES CORP. CO.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT** DELETE
NAME **PEISKER, JOHANNES**
STREET ADDRESS **5374 N ELSTON AVE**
CITY-ST-ZIP **CHICAGO, ILL 0**

1.1 TITLE **DPT** Change Addition
1.2 NAME **LEGOOD, MICHAEL**
1.3 STREET ADDRESS **5374 N. ELSTON AVE.**
1.4 CITY-ST-ZIP **CHICAGO, IL 60630**

TITLE **S** DELETE
NAME **BALL, EDWARD**
STREET ADDRESS **223 SW 28TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL**

2.1 TITLE **S** Change Addition
2.2 NAME **Frazier, William**
2.3 STREET ADDRESS **223 SW 28TH STREET**
2.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **400003060924--8**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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)(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 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 fee empowered

SIGNATURE: *William Frazier*

11/3/99

773-685-5500

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