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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J10439

(4)

1. Corporation Name
C & L TOOL & DIE, INC.



Principal Place of Business
% RICHARD P. AMBROGI
2342 S.E. MARIOLA AVE.
PORT ST. LUCIE FL 34952

Mailing Address
1702 VILLAGE GREEN DR.
PORT ST. LUCIE FL 34952-3447
US

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 11-2583190
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

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMBROGI, RICHARD P.
2342 SE MARIOLA AVE
PORT ST. LUCIE FL 33452

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1: TITLE VP
NAME AMBROGI, LEO JOHN II
STREET ADDRESS 13028 MAPLEVIEW LN.
CITY- ST- ZIP FARFAX VA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 3361 SE Snow Road
1.4 CITY- ST- ZIP Port St. Lucie, FL 34984

TITLE P
NAME AMBROGI, RICHARD P.
STREET ADDRESS 2342 SE MARIOLA AVE
CITY- ST- ZIP PORT ST. LUCIE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE S
NAME AMBROGI, RONALD L.
STREET ADDRESS 84-11 256TH ST
CITY- ST- ZIP FLORAL PARK NY

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

TITLE D
NAME AMBROGI, KENNETH
STREET ADDRESS 5 POINT O'WOOD RD.
CITY- ST- ZIP MIDDLETOWN NJ

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 600002072398
6.4 CITY- ST- ZIP -01/29/97--01009--050
***165.00 VB 1-28

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, 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)