FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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	Mailing Address
% RICHARD P. AMBROGI 2342 S.E. MARIOLA AVE. PORT ST. LUCIE FL 34952	1702 VILLAGE GREEN DR. PORT ST. LUCIE FL 34952 US

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

3. Date Incorporated or Qualified: **04/22/1986**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **11-2583190** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 Section(s) 607.0502 and 607.1622, 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/We also accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Richard Ambrogi DATE: 3/21/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, LEO JOHN II		12 NAME	
STREET ADDRESS	13028 MAPLEVIEW LN.		13 STREET ADDRESS	
CITY-ST-ZIP	FARFAX VA		14 CITY-ST-ZIP	
TITLE	P	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, RICHARD P.		22 NAME	
STREET ADDRESS	2342 SE MARIOLA AVE		23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, RONALD L.		32 NAME	
STREET ADDRESS	84-11 256TH ST		33 STREET ADDRESS	
CITY-ST-ZIP	FLORAL PARK NY		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, KENNETH		42 NAME	
STREET ADDRESS	5 POINT O'WOOD RD.		43 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN NJ		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid, current and 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: Richard Ambrogi 3/21/96 (407) 335-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #