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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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE VP
1.2 NAME AMBROGI, LEO JOHN II
1.3 STREET ADDRESS 13028 MAPLEVIEW LN.
1.4 CITY-ST-ZIP FARFAX VA

☐ DELETE

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

☐ DELETE

3.1 TITLE S
3.2 NAME AMBROGI, RONALD L.
3.3 STREET ADDRESS 84-11 258TH ST
3.4 CITY-ST-ZIP FLORAL PARK NY

☐ DELETE

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

☐ DELETE

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

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, 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)