

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 # 681812 (4)

1. Corporation Name

C. & L. MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

% J MESTREL  
26 BRITTANY RD  
MONTVILLE NJ 07045

% J MESTREL  
26 BRITTANY RD  
MONTVILLE NJ 07045



2. Principal Place of Business  
21 Po Box 643  
Suite, Apt. #, etc.  
22  
City & State  
23 Montville NJ  
Zip  
24 07045  
Country  
25 USA  
2a. Mailing Address  
26 Po Box 643  
Suite, Apt. #, etc.  
27  
City & State  
28 Montville NJ  
Zip  
29 07045  
Country  
30 USA

3. Date Incorporated or Qualified 08/12/1980  
3a. Date of Last Report 05/01/1995  
4. FEI Number 13-3108508  
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

10. Name and Address of New Registered Agent

KROOP, RICHARD  
420 LINCOLN ROAD  
SUITE 512  
MIAMI FL

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGETH, MARSHA	1.2 NAME	
STREET ADDRESS	4 RAND ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	PINEBROOK NJ	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROOP, RICHARD (ASST)	2.2 NAME	
STREET ADDRESS	420 LINCOLN RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BCH, FL 00000	2.4 CITY- ST- ZIP	
TITLE	PDV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESTEL, JEFFREY	3.2 NAME	
STREET ADDRESS	26 BRITTANY RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	MONTVILLE, NJ 00000	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)