

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 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 # 681812 (4)  
1. Corporation Name  
C. & L. MANAGEMENT CORPORATION



Principal Place of Business  
P O BOX 643  
MONTVILLE NJ 07045  
US

Mailing Address  
P O BOX 643  
MONTVILLE NJ 07045-0643  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/12/1980	01/31/1996
22 City & State		27 City & State		4. FEI Number	Applied for
23 Zip		28 Country		13-3108508	Not Applicable
24		29		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

KROOP, RICHARD  
420 LINCOLN ROAD  
SUITE 512  
MIAMI FL

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		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	28 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 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:

*[Handwritten Signature]* 4/1/97 3:55 PM

CR2E034 (9/96)