

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J10439

(4)

1. Corporation Name

C & L TOOL & DIE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 AM 10:34

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 04/22/1986	3a. Date of Last Report 02/17/1994
4. FBI 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		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, LEO JOHN II	1.2 NAME	
STREET ADDRESS	13028 MAPLEVIEW LN.	1.3 STREET ADDRESS	
CITY- ST- ZIP	FARFAX VA	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, RICHARD P.	2.2 NAME	
STREET ADDRESS	2342 SE MARIOLA AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PORT ST. LUCIE FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, RONALD L.	3.2 NAME	
STREET ADDRESS	84-11 250TH ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	FLORAL PARK NY	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	AMBROGI, KENNETH	4.2 NAME	
STREET ADDRESS	5 POINT O'WOOD RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIDDLETOWN NJ	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 recorder or licensee 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95

(457) 335-5655