

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90204 017 ***150.00

DOCUMENT # P03000004741

1. Entity Name
C L MANAGER, INC.



Principal Place of Business 2200 CORPORATE BLVD. N.W., SUITE 401 BOCA RATON, FL 33431	Mailing Address 2200 CORPORATE BLVD. N.W., SUITE 401 BOCA RATON, FL 33431
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2. Principal Place of Business 2200 NW Corporate Blvd.	3. Mailing Address 2200 NW Corporate Blvd.
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Suite, Apt. #, etc. Suite 401	Suite, Apt. #, etc. Suite 401
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City & State Boca Raton, FL	City & State Boca Raton, FL
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Zip 33431	Country	Zip 33431	Country
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03102004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0548110	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD. N.W., SUITE 401
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2200 NW Corporate Blvd.
Suite 401
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CHD	<input checked="" type="checkbox"/> Delete
NAME DUPREY, LAWRENCE A	
STREET ADDRESS 2200 CORPORATE BLVD., N.W., STE. 401	
CITY-ST-ZIP BOCA RATON, FL 33431	

TITLE CEOS	<input checked="" type="checkbox"/> Delete
NAME COOK, JOSEPH R	
STREET ADDRESS 2200 CORPORATE BLVD, N.W., STE. 401	
CITY-ST-ZIP BOCA RATON, FL 33431	

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ADACHE, DANIEL E	
STREET ADDRESS 550 S. FEDERAL HWY.	
CITY-ST-ZIP FORT LAUDERDALE, FL 33301	

TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME KRYSTOFF, JERROLD R	
STREET ADDRESS 550 S. FEDERAL HWY	
CITY-ST-ZIP FORT LAUDERDALE, FL 33301	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joseph R. Cook	
STREET ADDRESS 2200 NW Corporate Blvd., Suite 401	
CITY-ST-ZIP Boca Raton, FL 33431	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph R. Cook **4/22/04** **561-997-9223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #