

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000011439 (4)

1. Corporation Name

AMERICAN HANGERS-FLORIDA INC.
C & C HANGER & SUPPLY, INC.

n/c filed
3/20/95

Principal Place of Business

3694 REESE AVENUE
RIVIERA BEACH FL 33404

Mailing Address

3694 REESE AVENUE
RIVIERA BEACH FL 33404

5011

2. Principal Place of Business

21 5011 BROADWAY

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH, FL

Zip

24 33407

Country

25 P.R.

2a. Mailing Address

26 5011 BROADWAY

Suite, Apt. #, etc.

27

City & State

28 WEST PALM BEACH, FL

Zip

29 33407

Country

30 PALM BEACH

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

4. FEI Number

65-0483783

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

CIOFFI, JAMES
250 TEQUESTA DRIVE
SUITE 200
TEQUESTA FL 33489

CHANGE

10. Name and Address of New Registered Agent

81 Name

82 JACQUES CREMERS

83 Street Address (P.O. Box Number is Not Acceptable)

5011 BROADWAY

84

City WEST PALM BEACH

FL

85 Zip Code

33407

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

JACQUES CREMERS

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

NOTE: Registered agent signature required when re-registering

4/20/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

CREMERS, JACQUES

3694 REESE AVE

RIVIERA BEACH FL 33404

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

HAWKINS, THEODORE

3694 REESE AVE

RIVIERA BEACH FL 33404

Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

DIR/PRES JACQUES CREMERS

5011 BROADWAY

WEST PALM BEACH, FL 33407

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

VIP

CREMERS, CHRISTOPHER

5011 BROADWAY

WEST PALM BEACH, FL 33407

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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. 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 of this report, or on an attachment with an address.

SIGNATURE:

JACQUES CREMERS

JACQUES CREMERS

4/20/95

407-840-9561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone (Area)