

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000011439 (4)

1. Corporation Name

C & C HANGER & SUPPLY, INC.



Principal Place of Business

5011 BROADWAY
WEST PALM BCH FL 33407

Mailing Address

5011 BROADWAY
WEST PALM BCH FL 33407

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 4365 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

22 Suite B-16

City & State

23 W.P.B. FL.

Zip

24 33409

Country

25 USA

2a. Mailing Address

26 4365 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

27 Suite B-16

City & State

28 W.P.B. FL

Zip

29 33409

Country

30 USA

4. FEI Number

65-0483783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CREMERS, JACQUES
5011 BROADWAY
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

CREMERS, JACQUES

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

4365 OKEECHOBEE BLVD.

83

Suite B-16

84

City
W.P.B.

FL

85 Zip Code

33409

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

TITLE D ☐ DELETE

NAME CREMERS, JACQUES
STREET ADDRESS 5011 BROADWAY
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE VP ☐ DELETE

NAME CREMERS, C
STREET ADDRESS 5011 BROADWAY
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

NAME CREMERS, JACQUES
1.2 NAME 4365 OKEECHOBEE Blvd, suite B-16
1.3 STREET ADDRESS W.P.B. FL 33409
1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition

NAME CREMERS, CHRISTOPHE
2.2 NAME 4365 OKEECHOBEE Blvd, suite B-16
2.3 STREET ADDRESS W.P.B. FL 33409
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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

Day/night Phone #

407-689-0072

CR2E034 (12/95)