FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000078949 (1)**

1. Corporation Name

C L D CONTROLS, INC.

Principal Place of Business	Mailing Address
117 N. FEDERAL HIGHWAY LAKE WORTH FL 33460	117 N. FEDERAL HIGHWAY LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 10/09/1995

3a. Date of Last Report: —

2. Principal Place of Business
21 856 WYNNWOOD CIRCLE
22 Suite, Apt. #, etc.
23 City & State: LANTANA, FL.
24 Zip: 33462
25 Country: PALM BEACH

2a. Mailing Address
26 856 WYNNWOOD CIRCLE
27 Suite, Apt. #, etc.
28 City & State: LANTANA, FL.
29 Zip: 33462
30 Country: PALM BEACH

4. FEI Number: 65-0616035 ☐ 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

SZLAUDERBACH, LYNN
117 N. FEDERAL HIGHWAY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

8. Name: SAME
8a. Street Address (P.O. Box Number is Not Acceptable): 856 WYNNWOOD CIRCLE
8b.
8c. City: LANTANA FL 85 Zip Code: 33462

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) (Date) (Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SZLAUDERBACH, LYNN		1.2 NAME		
STREET ADDRESS	856 WYNNWOOD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY ST ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY ST ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY ST ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST ZIP		

CR2E034 (12/95)

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: Lynn Szlauderbach 4-19-96 407-582-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LYNN SZLAUDERBACH