

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$775)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F94000004454 (4)

1. Corporation Name

TAFFORD MANUFACTURING, INC.

FILED
1995 AUG -2 AM 9:18
TALLAHASSEE, FLORIDA

Principal Place of Business: **104 PARK DRIVE MONTGOMERYVILLE PA 18936**
Mailing Address: **104 PARK DRIVE MONTGOMERYVILLE PA 18936**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1994**
3a. Date of Last Report: []
4. FEI Number: **23-2436046** 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. 198.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**SCHOENFELD, ROBERT
11613 PRIVADO WAY
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent
B1 Name: []
B2 Street Address (P.O. Box Number is Not Acceptable): []
B3 []
B4 City: [] B5 Zip Code: **FL**

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 fee applicable: [] (NOTE: Registered Agent signature required when re-registering) DATE: []

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCHOENFELD, ROBERT
STREET ADDRESS	11613 PRIVADO WAY
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	D
NAME	LURIE, BERTRAM
STREET ADDRESS	11731 BRIARWOOD CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	D
NAME	SCHOENFELD, MARLENE L
STREET ADDRESS	11613 PRIVADO WAY
CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	S
NAME	FARLEY, DEBORAH M
STREET ADDRESS	8231 FORREST AVENUE
CITY - ST - ZIP	ELKINS PARK PA 19027
TITLE	[]
NAME	[]
STREET ADDRESS	[]
CITY - ST - ZIP	[]
TITLE	[]
NAME	[]
STREET ADDRESS	[]
CITY - ST - ZIP	[]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	[]
3. STREET ADDRESS	[]
4. CITY - ST - ZIP	[]
2. TITLE	[] Change [] Addition
2. NAME	[]
3. STREET ADDRESS	[]
4. CITY - ST - ZIP	[]
3. TITLE	[] Change [] Addition
3. NAME	[]
3. STREET ADDRESS	[]
4. CITY - ST - ZIP	[]
4. TITLE	[] Change [] Addition
4. NAME	[]
4. STREET ADDRESS	[]
4. CITY - ST - ZIP	[]
5. TITLE	[] Change [] Addition
5. NAME	[]
5. STREET ADDRESS	[]
5. CITY - ST - ZIP	[]
6. TITLE	[] Change [] Addition
6. NAME	[]
6. STREET ADDRESS	[]
6. 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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual 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 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE: *Robert Schoenfeld* **ROBERT SCHOENFELD** 7/27/95 215-643-9666 KY252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)