

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 # F94000004454 (4)

1. Corporation Name
TAFFORD MANUFACTURING, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1994	3a. Date of Last Report 08/02/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2436046	Applied For <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHOENFELD, ROBERT 11613 PRIVADO WAY BOYNTON BEACH FL 33437				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when recording) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	COO
NAME	SHOENFELD, ROBERT	1.2 NAME	SUSAN SHOENFELD
STREET ADDRESS	11613 PRIVADO WAY	1.3 STREET ADDRESS	1303 MEISSEN COURT
CITY-STATE-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-STATE-ZIP	AMALER, PA 19002
TITLE	D	2.1 TITLE	
NAME	LURIE, BERTRAM	2.2 NAME	
STREET ADDRESS	11731 BRIARWOOD CIRCLE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	
NAME	SHOENFELD, MARLENE L	3.2 NAME	
STREET ADDRESS	11613 PRIVADO WAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	
NAME	FARLEY, DEBORAH M	4.2 NAME	
STREET ADDRESS	8231 FORREST AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ELKINS PARK PA 19027	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 of this report or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-11-96** DAYTIME PHONE # **215-643-9666**

CR2E034 (12/95)