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**Apr 01 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 18936-8612**

3. Date Incorporated or Qualified **08/26/1994** 3a. Date of Last Report **04/19/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **23-2436046** Applied For Not Applied

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** DELETE
NAME **SHOENFELD, ROBERT**
STREET ADDRESS **11613 PRIVADO WAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **LURIE, BERTRAM**
STREET ADDRESS **11731 BRIARWOOD CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SHOENFELD, MARLENE L**
STREET ADDRESS **11613 PRIVADO WAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** DELETE
NAME **FARLEY, DEBORAH M**
STREET ADDRESS **8231 FORREST AVENUE**
CITY-ST-ZIP **ELKINS PARK PA 19027**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **COO** DELETE
NAME **SHOENFELD, SUSAN**
STREET ADDRESS **1303 MEISSEN COURT**
CITY-ST-ZIP **AMBLER PA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Deborah Farley **DEBORAH FARLEY**

3-14-97

(215) 643-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) of the month

CR2E034 (9/96)