

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 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 # 840254 (7)
1. Corporation Name
C. & J. CLARK RETAIL, INC.



Principal Place of Business: 520 S. BROAD ST. KENNETT SQUARE PA 18348
Mailing Address: 520 S. BROAD ST. KENNETT SQUARE PA 18348-3366

3. Date Incorporated or Qualified: 03/21/1978
3a. Date of Last Report: 04/24/1996
4. FEI Number: 23-2051239
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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28, 29, 30
City & State, Zip, Country

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TAS	<input type="checkbox"/> DELETE
NAME	BALSINGER, C. W.	
STREET ADDRESS	235 DOUGLASS DR.	
CITY-ST-ZIP	DOUGLASSVILLE PA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	N. G. FULLER	
STREET ADDRESS	101 MARLBOROUGH WAY	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	DPFS	<input type="checkbox"/> DELETE
NAME	SALZANO, J.R.	
STREET ADDRESS	520 S BROAD ST	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	CAS	<input type="checkbox"/> DELETE
NAME	K. J. MCCARTHY	
STREET ADDRESS	79 W. ESSEX AVE.	
CITY-ST-ZIP	LANSLOWNE PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, G.	
STREET ADDRESS	520 S BROAD ST	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	17 HIGHCROFT WAY
2.4 CITY-ST-ZIP	HOPKINTON, MA 01748
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	INFANTINO, R.J.
6.4 CITY-ST-ZIP	121 WINDSOR ROAD WABAN MA 02168

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: _____ TREASURER
Date: 4/23/97 (610)444-6550
Daytime Phone: _____

CR2E034 (9/96)