

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000005198 (7)

1. Corporation Name
FLUF N' STUF INC.



Principal Place of Business: **35 EVANSBURG ROAD COLLEGEVILLE PA 19426**
Mailing Address: **PO BOX 128 COLLEGEVILLE PA 19426 US**

3. Date Incorporated or Qualified: **11/16/1993**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **23-1859832**
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(2), 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 607.06(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	STEWART, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS			35 EVANSBURG ROAD	
CITY, ST, ZIP			COLLEGEVILLE PA 19426	
TITLE	DV	NAME	BERRIE, RUSSELL	<input type="checkbox"/> DELETE
STREET ADDRESS			35 EVANSBURG ROAD	
CITY, ST, ZIP			COLLEGEVILLE PA 19426	
TITLE	VTSD	NAME	COOKE, A C	<input type="checkbox"/> DELETE
STREET ADDRESS			35 EVANSBURG ROAD	
CITY, ST, ZIP			COLLEGEVILLE PA 19426	
TITLE	DV	NAME	MADONNA, JAMES A JR	<input type="checkbox"/> DELETE
STREET ADDRESS			35 EVANSBURG ROAD	
CITY, ST, ZIP			COLLEGEVILLE PA 19426	
TITLE	V	NAME	CARGOTCH, PAUL	<input type="checkbox"/> DELETE
STREET ADDRESS			35 EVANSBURG ROAD	
CITY, ST, ZIP			COLLEGEVILLE PA 19426	
TITLE	S	NAME	BLOOM, ARNOLD S	<input type="checkbox"/> DELETE
STREET ADDRESS			35 EVANSBURG ROAD	
CITY, ST, ZIP			COLLEGEVILLE PA 19426	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 this attachment with an address.

SIGNATURE: *Michael Stewart - president*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 610-489-7401

CR2E034 (12/95)