

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22036** (8)
1. Corporation Name
STUFF 'N TURKEY, INC.



Principal Place of Business 9199 REISTERSTOWN ROAD STE 215-C OWINGS MILLS MD 21117 US	Mailing Address 9199 REISTERSTOWN ROAD STE 215-C OWING MILLS MD 21117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-1548681		Applied For <input type="checkbox"/> Not Applicable	
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	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HADDEN, BILL JR. 17915 THELMA AVE. APT. B JUPITER FL 33478		10. Name and Address of New Registered Agent	
81 Name BRYAN MURPHY		82 Street Address (P.O. Box Number is Not Acceptable) 6018 STERWOOD GLEN WAY - APT 7	
83		84 City West Palm Beach FL 85 Zip Code 33415	

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 understand the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Sandra B. Mortham* DATE **4/30/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORSTEIN, ALAN J.		1.2 NAME				
STREET ADDRESS	32 BELLCHASE CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	PIKESVILLE MD		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SAVAL, ALBERT E.		2.2 NAME				
STREET ADDRESS	4001 OLD COURT RD #516		2.3 STREET ADDRESS				
CITY-ST-ZIP	PIKESVILLE MD		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SAVAL, SHIRLEY		3.2 NAME				
STREET ADDRESS	4001 OLD COURT RD. #516		3.3 STREET ADDRESS				
CITY-ST-ZIP	PIKESVILLE MD		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORSTEIN, SANDE		4.2 NAME				
STREET ADDRESS	32 BELLCHASE CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	PIKESVILLE MD		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 change of or on attachment with an address.

SIGNATURE *Sandra B. Mortham* DATE **4/30/98**
Signature, typed or printed name of registered agent and title, if applicable

CR2E034 (10/97)