1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90047 050 \*\*\*150.00

FASHION BUG #561, INC.							
				_			
Principal Place of Business Mailing Address							
3714 W. OAKLAND PARK BLVD 450 WINKS LN CORP. TAX DEPT. CORPORATE TAX							
LAUDERDALE LAKE FL 33311 BENSALEM PA 19020					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					01/14/1986		
Principal Place of Business     2a. Mailing Address			•		4. FEI Number		plied For
21 26					23-2421028		t Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27					5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Red	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	try	8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New Registere	d Agent	
C T CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			[	33			
			1	34 City		85 Zip C	ode
				registered			
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		Registered A	gent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AND DIRECTORS  D DELETE		1.1 TITL		ADDITIONS/CHANGES TO CITICENS	[ ] Change	Addition
NAME	·		1.2 NAM				_
STREET ADDRESS				EET ADDRESS			
				-ST-ZIP			
CITY-ST-ZIP TITLE			2.1 TITU		*.±***	Change	☐ Addition
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STR	EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			{
TITLE			3.1 TITL		VICE - PRESIDENT	Change	Addition
NAME			3.2 NAM	E -	John J. Sullivan		
STREET ADDRESS			3.3 STR		450 WINKS LANE Bensale	m, PA 19	020
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	, ,		
TITLE	V	☐ DELETE	4.1 TITL	E	VP/TRES/SBCT/⊅	Change	☐ Addition
NAME	SPECTER, ERIC		4, 2 NA	AE			
STREET ADDRESS	450 WINKS LANE		4.3 STR	EET ADDRESS			
CITY+ST-ZIP	BENSALEM PA		4.4 CITY	-ST-ZIP	****		
TITLE		☐ DELETE	5.1 TITL	1		Change	Addition
NAME			5.2 NAM	1			
STREET ADDRESS				EET ADDRESS			ł
CITY-ST-ZIP		, juntera		/-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			Change	Addition
NAME			6.2 NAM	- 1			
L OTDEET ADDRESS	İ		■ 63 STR	FFT ADDRESS			

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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

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APR 0 5 1999 (215) 633-4624