

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

FILED

**May 20 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 # P93000082451 (4)
1. Corporation Name: **FASHION BUG #2815, INC.**



Principal Place of Business 490 WINKS LANE BENSALEM PA 19020	Mailing Address 450 WINKS LANE BENSALEM PA 19020
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-1823334		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	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

**C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S. 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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VST <input checked="" type="checkbox"/> DELETE	11 TITLE
NAME	BRODSKY, BERNARD	12 NAME
STREET ADDRESS	1652 DUBLIN ROAD	13 STREET ADDRESS
CITY-ST-ZIP	DRESHER PA	14 CITY-ST-ZIP
TITLE	P <input type="checkbox"/> DELETE	21 TITLE
NAME	BERN, DORRIT J	22 NAME
STREET ADDRESS	450 WINKS LANE	23 STREET ADDRESS
CITY-ST-ZIP	BENSALEM PA	24 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	31 TITLE
NAME	SPECTER, ERIC	32 NAME
STREET ADDRESS	801 HONEY RUN ROAD	33 STREET ADDRESS
CITY-ST-ZIP	AMBLER PA	34 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	41 TITLE
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

VTS Change Addition
JON A. GOLDBERG
Same

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.

SIGNATURE _____ **JON A. GOLDBERG** APR 16 1998 215-638-6741

CP2E034 (10/97)