

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1999 1996

DOCUMENT # H60662 (4)

1. Corporation Name

FASHION BUG #2213, INC.

*closed 12/16/95*

Principal Place of Business

Mailing Address

1145 A BYRD PL S/C  
DIXIE BLVD US RT  
COCOA FL 32922  
US

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US



3. Date Incorporated or Qualified  
06/06/1985

3a. Date of Last Report  
03/23/1995

4. FEI Number

23-2361012

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature: Typed or printed name of registered agent and the filer (if filer is not the registered agent).

NOTE: Registered Agent signature is required when registering.

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME WACHS, DAVID  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME SIDEWATER, SAMUEL  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME BRODSKY, BERNARD  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME WACHS, ELLIS  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE TV ☐ DELETE  
NAME BRODSKY, BERNARD  
STREET ADDRESS 450 WINKS LN.  
CITY-ST-ZIP BENSALEM PA

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME WACHS, PHILIP  
STREET ADDRESS 450 WINKS, LN  
CITY-ST-ZIP BENSALEM PA

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(215)633-4624

CR2E034 (12/95)