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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H27412 (6) # 377

1. Corporation Name
FASHION BUG OF MERRITT ISLAND, INC.

Principal Place of Business
325A E. MERRITT ISLAND CAUSWAY
450 WINKS LANE
MERRITT ISLAND FL 32952
US

Mailing Address
450 WINKS LN
450 WINKS LANE
BENSALEM PA 19020-5919
US



3. Date Incorporated or Qualified 10/26/1984
3a. Date of Last Report 04/23/1996

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 23-2361011
Applied For Not Applicable

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
8751 WEST BROWARD BLVD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRITT, BERN	1.2 NAME	
STREET ADDRESS	450 WINKS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA 19020	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	V-President/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHS, PHILIP	2.2 NAME	Eric Specker
STREET ADDRESS	450 WINKS LANE	2.3 STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP	BENSALEM PA	2.4 CITY-ST-ZIP	Bensalem, PA 19020
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY, BERNARD	3.2 NAME	
STREET ADDRESS	450 WINKS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY, BERNARD	4.2 NAME	
STREET ADDRESS	450 WINKS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Dorrit J. Beon
STREET ADDRESS		5.3 STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bensalem PA 19020
TITLE		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 do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 (215) 633-4624
Date Daytime Phone #

CR2E034 (9/96)

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