

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

000731

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90047 044 \*\*\*150.00

**DOCUMENT # H27412**

#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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1984

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	DORRITT, BERN
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA 19020
TITLE	VD <input type="checkbox"/> DELETE
NAME	SPECTER, ERIC
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GOLDBERT, JON A
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	D <input type="checkbox"/> DELETE
NAME	BERN, DORRIT J
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP/TRES/sec/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John J. Sullivan
3.3 STREET ADDRESS	450 WINKS LANE
3.4 CITY-ST-ZIP	Bensalem, PA 19020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED** JOHN J. SULLIVAN

APR 05 1999(215) 633-4624

Date

Daytime Phone #

CR2E034 (11/98)