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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # FASHION BUG OF LAKELAND, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

283

FILED May 20 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				-				
4309 S. FLORIDA AVE. 450 WINKS LANE										
450 WINKS L		CORPORATE TAX			DO NOT WRITE IN THIS SPACE					
LAKELAND FL US	_ 33803		BENSALEM PA 19020 US			3. Date Incorporated or Qualified				
US.		00				10/26/1984				
2. Principal Place of Business 2a. Mailing Addr									Applied For	-
21		26	•			23-2361009		Not Applicable		
Suite, Apt.	#, et c.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	7
22		27	27			3. Certificate of Status Desired		Fee F	Required	_
City & State	9	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution	<u> </u>		to Fees	4
	Zip Country Zip			ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				-1
24	25 9. Name and Address of Current	Peoistered Agent	30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
		negistered Agent		81 N	ame	10, 114/10 4114 / 001000 01 11011 1101	, <u></u>			\dashv
	CORPORATION SYSTEM									_
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 St	reet Addre	ss (P.O. Box Number is Not Acceptab	ie)			
FU	441A11014 FL 33324		ŀ	83						
										_
				84 Ci	ty		FL	85 Zip	o Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the at	ove-na	med corpo	oration submits this statement for the p	urpose of cl	nanging	its registered	j
office or re	egistered agent, or both, in the State om familiar with, and accept the obligations.	of Florida. Such ch ance w as a	authorized	i by the	corporation	on's board of directors. I hereby accep	ot the appoir	itment a	s registered	
	in partial at the transfer free consign	tion of, control out to out	orida otat							
SIGNATURE	Signature, typed or pented name of regade ed a jen	(NO) sich die graphical (NO)	E Flegsterce	Agent sig	mature require	a when reinstating)	DATE			_ r
12.	OLEICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				_ \begin{array}{c} & \cdot & \
TITLE	P	☐ DELETE	1.1 19			ON A. GOLDBERG		Change	Addition	۱ ق
NAME				1.2 NAME 1.3 STREET ADDRESS		450 WINKS LANE	VT	'S		[2
STREET ADDRESS	450 WINKS LANE					Bensalem, FA 19000				i i
CITY-ST-ZIP	BENSALEM PA 19020	DELETE	2.1 1/1	Y-ST-ZIF	, ,			Change	Addition	_ C
TITLE	VD S PECTER, ERIC	בין סכננוג	2 2 NA				b) Change		" ¯
NAME	450 WINKS LANE			ivic. Reet addi	or ee					
STREET ADDRESS	BENSALEM PA		1	1Y-S1-71	ļ					
CITY-ST-ZIP	S	DELETE	3.1 111					Change	☐ Addilio	n
NAME	BRODSKY, BERNARD	77	3.2 NA				-			
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CITY-ST-ZIP	BENSALEM PA		3.4. C	1Y-S1-7I	ρ					
THILE	Vī	DELFTE	4.1 T()					Change	Addition	n
NAME	Brodsky, Bernard	/ `	4. 2 N	AME						
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CITY-ST-ZIP	BENSALEM PA		4.4 CT	IY - ST - ZIF	·				·	
TITLE	D	DELETE	5.1 Ti	LE				Change	Additio	n
NAME	B ERN, DÖRRIT J		5.2 NA	ME						
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CITY-ST-ZIP	B ENSALEM PA			1 Y - S1 - ZII	<u> </u>			7		_
TITLE		DELETE	61 TH	LΕ			L	Change	Additio	n
NAME			6.2 NA							
STREET ADDRESS			6.3 ST	REFT ADD	RESS					
CITY-ST-ZIP			64C	TY-ST-71	·					

14. Thereby 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 suppliemental 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 altrachment with an address.

JONA. GOLDBERG