

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

**APPROVED AND FILED**

**95 MAR 23 PM 12:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H27418 (3)**

**1. Corporation Name  
FASHION BUG OF DADE CITY, INC. # 413 1999**

<b>Principal Place of Business</b> 1826 MORNINGSIDE & US 30 450 WINKS LANE DADE CITY FL 33525 US	<b>Mailing Address</b> 450 WINKS LN CORPORATE TAX BENSALEM PA 19020 US
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DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified** 10/26/1984 **3a. Date of Last Report** 04/14/1994

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

**4. FEI Number** 23-2361033 **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**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	FL

**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**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>WACHS, DAVID</b>
<b>STREET ADDRESS</b>	<b>450 WINKS LANE</b>
<b>CITY-ST-ZIP</b>	<b>BENSALEM PA</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SIDEWATER, SAMUEL</b>
<b>STREET ADDRESS</b>	<b>450 WINKS LANE</b>
<b>CITY-ST-ZIP</b>	<b>BENSALEM PA</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>BRODSKY, BERNARD</b>
<b>STREET ADDRESS</b>	<b>450 WINKS LANE</b>
<b>CITY-ST-ZIP</b>	<b>BENSALEM PA</b>
<b>TITLE</b>	<b>DV</b>
<b>NAME</b>	<b>WACHS, ELLIS</b>
<b>STREET ADDRESS</b>	<b>450 WINKS LANE</b>
<b>CITY-ST-ZIP</b>	<b>BENSALEM PA</b>
<b>TITLE</b>	<b>VT</b>
<b>NAME</b>	<b>BRODSKY, BERNARD</b>
<b>STREET ADDRESS</b>	<b>450 WINKS LANE</b>
<b>CITY-ST-ZIP</b>	<b>BENSALEM PA</b>
<b>TITLE</b>	<b>DP</b>
<b>NAME</b>	<b>WACHS, PHILIP</b>
<b>STREET ADDRESS</b>	<b>450 WINKS LANE</b>
<b>CITY-ST-ZIP</b>	<b>BENSALEM PA</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**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 110.07(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 as an attachment with an addendum.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-95 (215)633-4624**