

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

PROFIT CORPORATION ANNUAL REPORT
413 1996



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.



Principal Place of Business: **1826 MORNINGSIDE & US 30
 450 WINKS LANE
 DADE CITY FL 33525
 US**
 Mailing Address: **450 WINKS LN
 CORPORATE TAX
 BENSALEM PA 19020
 US**

3. Date Incorporated or Qualified: **10/26/1984**
 3a. Date of Last Report: **03/23/1995**
 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

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

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
 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, DAVID	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDEWATER, SAMUEL	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRODSKY, BERNARD	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, ELLIS	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BRODSKY, BERNARD	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WACHS, PHILIP	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BERN, DORROTT (P)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	450 WINKS LN.	
1.3 STREET ADDRESS	BENSALEM, PA 19020	
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	100001791861	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/24/96--01011--001	
5.3 STREET ADDRESS	***10800.00	
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **3-28-96** (215) 633-4624
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)