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FILED

**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 # H27418

(3) #413 (1999)

1. Corporation Name
FASHION BUG OF DADE CITY, INC.



Principal Place of Business

Mailing Address

**1826 MORNINGSIDE & US 30
450 WINKS LANE
DADE CITY FL 33525
US**

**450 WINKS LN
CORPORATE TAX
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

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DORRITT, BERN	
STREET ADDRESS	450 WINKS LANE	
CITY - ST - ZIP	BENSALEM PA 19020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRODSKY, BERNARD	
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 checked="" type="checkbox"/> DELETE
NAME	WACHS, PHILIP	
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		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V-President/Director Eric Spector
4.3 STREET ADDRESS	450 Winks Lane
4.4 CITY - ST - ZIP	Bensalem, PA 19020
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director Dorett J. Bean
5.3 STREET ADDRESS	450 Winks Lane
5.4 CITY - ST - ZIP	Bensalem, PA 19020
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 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 as an attachment with an address.

SIGNATURE:

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

CR2E034 (9/96)