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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

H27425

(8)

FASHION BUG PLUS OF NORTH FT. MYERS, INC.

Hab 99

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				n somen and sink soom didin stadi arti dien andi ardi arti dien andi arti arti arti arti arti sedi		
13482 US 41 N. 450 WINKS LANE N. FT. MYERS FL 33903 US		450 WINKS LN						
		CORPORATE TAX		DO NOT WRITE IN THIS SPACE				
		US	BENSALEM FL 19020			3. Date Incorporated or Qualified		
						10/26/1984		
2. Principat Place of B	usiness	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				23-2361024 Not Applicat		lot Applicable
Suite, Apt. #, etc		Suite, Apl. #, etc.				Certificate of Status Desired \$8.75 Additional		
22		27				Fee Required		
City & State		City & State				6. Election Campaign Financing		
23 Zip	Country	28] Zip	Co	 intry		Trust Fund Contribution		
24	25	f ' 1	30	niti y		8. This corporation owes or has paid the curr Personal Property Tax due June 30.		ntangible No
	me and Address of Curren	29 t Registered Agent	1301	r		10. Name and Address of New Registered A		
C T CORPORATION SYSTEM					Name			
1200 SOUTH PINE ISLAND ROAD					· · · ·	ddress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				82	Street F	Address (P.O. Box Number is Not Acceptable)		
				83				
					· · · · · · · · · · · · · · · · · ·		las i etc	
				84	City	FL	85 Zip	Code
11. Pursuant to the pro	ovisions of Sections 607 050:	2 and 607 1508, Florida Statu	ites, the a	bove	-named	corporation submits this statement for the purpose of	changing	its registered
office or registered agent. I am familia	t agent or both, in the State r with, and accept the obliga	ol Florida. Such ch ange w as il-ons of, Section 60 7,0 505, F	authorize Iorida Slal	d by lules	the corp	oration's board of directors. I hereby accept the appo	intment a	s registered
SIGNATURE								-
Signature to	ypen or photed had end regestered age			d Ager	il signature	required when constating) DA1E		55.00.00
12.	OFFICERS AND	OFFICE CLORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	
TITLE P	AARDITT BERN		1.1 TITLE 1.2 NAME		-		Charge	L Addition
1 480	WINKS LANE				DEDLOG			
OFA I	SALEM PA 19020				ADDRESS			\ \ \\
CITY-ST-ZIP BENS	UNLUM I A 100EU	DELETE	21 TI	TY - ST	· 21F	*/ (T \ <	Change	Addition
			22 NAME			JONA GOLDBERG		
	WINKS LANE				ADDRESS	GOLDBERG		į
	OPMONITH DA		2 4 GITY-ST-7IP			JONA. GOLDBERG SAME		
TITLE VIS		DELETE	3 1 11				Change	Addition
	5555544 F5511455		3.2 NAME					
	WINKS LANE		3 3 81	REET	ADDRESS			
CITY-ST-ZIP BENS	SALEM PA		3 4. C	ITY-S	- 7IP			
TITLE	· · ·		4170	TL.E			Change	Addition
	N, DORRIT J		4 2 N	AME				
l ' l	WINKS LANE		4 3 51	REE (4	ADDRESS			
CITY-ST-ZIP BEN	SALEM PA			TY-ST	- ZIP			
TITLE	☐ DELETE			51 TITLE		;	Change	☐ Addition
NAME			5 2 N/					
STREET ADDRESS			5 3 \$1	REET /	ADDRESS			
CITY+ST-ZIP		Decree		1Y-S1	- ZIP		0	1.1.10
TITLE		L.J DELFTE	6.1 Ti			· ·	Change	☐ Addition
NAME			6.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	I the intermetion runders w	the this filling dose not availe.		IY-SI		d in Section 119.07(3)(i). Florida Statutes. I further cer	tify that th	e information

4. I hereby certify that the information supplied with this filling does not quality 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 frustee 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.

hasun

JONA GOLDBED

APR 1 6 1998 15-638-674