

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H27430 (8)

1. Corporation Name

FASHION BUG PLUS #904, INC.

**APPROVED
AND
FILED**

95 MAR 23 PM 12:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1952 US 1 SOUTH
450 WINKS LANE
ST. AUGUSTINE FL 32086-5762
US**

Mailing Address

**450 WINKS LN
CORPORATE LN
BENSALEM FL 18020
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1984

3a. Date of Last Report

04/14/1994

4. FEI Number

23-2361038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 118.07(3)(b), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95 (215)633-4624