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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H27430

(8)

DOCUMI 1. Corporation Na		30 (8)					
· · · · · · · · · · · · · · · · · · ·	N BUG PLUS #904, INC.						
Principal Place of	Business	Mailing Address				F WATER ASSESS ALERIS OF BUILDING	(8)   B1811   B1811 1681
1952 US 1 SC	DUTH	450 WINKS LN					
450 WINKS LANE ST. AUGUSTINE FL 32086-5762			CORPORATE LN BENSALEM FL 19020		3. Date Incorporated or Qualified	3a. Date of Last	Beport
SI. AUGUSIII US	NE LE 35000-3105	US			10/26/1984	03/23/	
	- t D winese	2a. Mailing Address			4. FÉI Number		Applied For
2. Principal Place of Business 26.		1 1			23 230 1000		Not Applicable
Suite, Apt. #. etc.		Suite, Apt #. etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired Fee Required		
22		27	0.000		6. Election Campaign Financing \$5.00 May Be		
City & State		City & State	City & State		Trust Fund Contribution Added to Fees		
23	Country	Z(p)	Country		8. This corporation has liability for in	ntangible tax under	s 199.032,
24 25		29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent		T N	10. Name and Address of New H	egistered Agent	
	<del></del>		81	1			
C T CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	OUTH PINE ISLAND ROAD		83				
PLANTA	TION FL 33324					85	Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida			84	1 ′		FL I	·
	grature, by ed or professions of Section Residence				irid when feinstating? ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
TITLE	D	<b>⊘</b> ELETE :			BERN, DORRITT ( 450 WINK LAWE	P) Demany	ge 🔃 Addition
NAME	WACHS, DAVID		. 12 NAME		450 WINK LANE		
STREET ADDRESS	450 WINKS LANE	DAING		13 SIRELLA JURESS REALSALLEM. PA 19020			
CITY-ST-ZIP	BENSALEM PA			SI-ZIF		Chan	ge 🔲 Addition
TITLE	0	™ percue	2 1 T:TLE 22 NAME				
NAME	SIDEWATER, SAMUEL			ET ADDRESS			
STREET ADDRESS	450 WINKS LANE BENSALEM PA		2.4 C/TY				ET Maria
CITY-ST-ZIP TITLE	S	DELETE 3.1				Chan	ge 🔲 Addition
NAME	BRODSKY, BERNARD		3.2 NAMI				
STREE! ADDRESS	450 WINKS LANE			ET ADDRESS			
CITY - ST - ZIP	BENSALEM PA	DELETE	3 4 C TY			Char	ige Addition
TITLE	DV	N DETLIE	4 1 HILL 4 2 NAM			_	
NAME	WACHS, ELLIS		1	ET ADDRESS			
STREET ADORESS	450 WINKS LANE BENSALEM PA			- S1 - 7iP			
CITY-SI-ZIP TITLE	VT	DELETE	5 1 TIT.	E	<del></del>	Cha	nge 🗌 Addition
NAME	BRODSKY, BERNARD		5.2 NAM	18			
STREET ADDRESS	450 WINKS LANE			TET ADDRESS	4000017	91844	-
CITY-ST-ZIP	BENSALEM PA			ST-ZIP	-04/24/9601	Cha	nge 🔲 Addition
TITLE	DP	DELETE	6 1 *III 62 NAS	1	***10800.00		\V_22
NAME	WACHS PHILIP			EET ADDRESS			4.17
STREET ADDRESS	450 WINKS LANE		•	Y-SI-ZIP			
I OUT OUT TID	. 55039164164		<b>=</b> *****			O OTHOUGH Florida F	tatutoo I further

64 CITY-ST-ZIP BENSALEM PA

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 armual 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 post in attachment with an address

SIGNATURE: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 (215)633-4624