

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

DOCUMENT # H34385 (5)

1. Corporation Name

FASHION BUG OF TALLAHASSEE MALL, INC.

closed

Principal Place of Business

2415 N. MONROE ST.
ATTN: TAX DEPT.
TALLAHASSEE FL 32303
US

Mailing Address

450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/17/1984

3a. Date of Last Report

03/23/1995

4. FEI Number

23-2361025

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

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

Signature, typed or printed name of each registered agent and the change agent

(If "B" Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WACHS, DAVID
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA ☒ DELETE

TITLE D
NAME SIDEWATER, SAMUEL
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA ☒ DELETE

TITLE S
NAME BRODSKY, BERNARD
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA ☐ DELETE

TITLE VD
NAME WACHS, ELLIS
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA ☒ DELETE

TITLE VT
NAME BRODSKY, BERNARD
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA ☐ DELETE

TITLE DP
NAME WACHS, PHILIP
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM, PA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BERN, DORRITT (P) ☐ Change ☒ Addition
1.2 NAME 450 WINKS LANE
1.3 STREET ADDRESS BENSALEM, PA 19020

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 800001791788
4.3 STREET ADDRESS -04/24/96--01011--001
4.4 CITY-ST-ZIP ***10800.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(215)633-4624

CR2E034 (12/95)