

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H37732 (5)

1. Corporation Name

FASHION BUG PLUS OF MELBOURNE, INC.

901

Principal Place of Business

C/O CT CORPORATION SYSTEM  
450 WINKS LN. TAX DEPT.  
BENSALEM PA 19020-5919

Mailing Address

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US



3. Date Incorporated or Qualified

01/11/1985

3a. Date of Last Report

03/23/1995

4. FEI Number

23-2361019

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 the date of filing)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

WACHS, DAVID  
450 WINKS LANE  
BENSALEM PA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SIDEWATER, SAMUEL  
450 WINKS LANE  
BENSALEM PA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

BRODSKY, BERNARD  
450 WINKS LANE  
BENSALEM PA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

WACHS, ELLIS  
450 WINKS LANE  
BENSALEM PA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT

BRODSKY, BERNARD  
450 WINKS LANE  
BENSALEM PA

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

WACHS, PHILIP  
450 WINKS LANE  
BENSALEM PA

☐ DELETE

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

BERN, DORRITT (P)

☒ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

500001791845

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☐ Change

☐ Addition

72423

3-28-96

(215) 633-4624

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