

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 # H60660 (8)

1. Corporation Name

FASHION BUG OF PANAMA CITY, INC.



Principal Place of Business

517 W. 23RD ST.
450 WINKS LN. TAX DEPT.
PANAMA CITY FL 32405
US

Mailing Address

450 WINKS LN
CORPORATE TAX
BENSALEM FL 19020
US

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

3. Date Incorporated or Qualified

06/06/1985

3a. Date of Last Report

03/23/1995

4. FEI Number

52-1510811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 registered agent and then applicable)

(Note: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	WACHS, DAVID	450 WINKS LN BENSALEM PA		<input checked="" type="checkbox"/>
D	SIDEWATER, SAMUEL	450 WINKS LN BENSALEM PA		<input checked="" type="checkbox"/>
S	BRODSKY, BERNARD	450 WINKS LN BENSALEM PA		<input type="checkbox"/>
D	WACHS, ELLIS	450 WINKS LN BENSALEM PA		<input checked="" type="checkbox"/>
VT	BRODSKY, BERNARD	450 WINKS LN. BENSALEM FL		<input type="checkbox"/>
DP	WACHS, PHILIP	450 WINKS LN BENSALEM PA		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BERN, DORRITT (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	450 WINKS LANE	
1.3 STREET ADDRESS	BENSALEM, PA 19020	
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	000001791860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/24/96--01011--001	
5.3 STREET ADDRESS	***10800.00	
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(215) 633-4624

CR2E034 (12/95)