

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

PROFIT
CORPORATION
ANNUAL REPORT
482 1996



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

DOCUMENT # H83336 (8)

1. Corporation Name

FASHION BUG OF PALM HARBOR, INC.



Principal Place of Business

30669 US HWY 19 N.
450 WINKS LN. TAX DEPT.
PALM HARBOR FL 34684
US

Mailing Address

450 WINKS LN
CORPORATE TAX
BENSALEM FL 19020
US

3. Date Incorporated or Qualified

10/30/1985

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-2519028

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

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 date of appointment

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE BERN, DORRITT (P) ☒ Change ☒ Addition
1.2 NAME 450 WINKS LANE
1.3 STREET ADDRESS BENSALEM, PA 19020
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 800001791858
5.3 STREET ADDRESS -04/24/96--01011--001
5.4 CITY-ST-ZIP ***10800.00

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME (D)
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)