

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H83336

#482

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1985

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 owes the current year Intangible  
Personal Property Tax. ☐ 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

BENSALEM PA  
19020

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME DORRITT, BERN  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA 19020

TITLE VTS ☒ DELETE  
NAME GOLDBERG, JON A  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

TITLE VD ☐ DELETE  
NAME SPECTER, ERIC  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

TITLE D ☐ DELETE  
NAME BERN, DORRIT J  
STREET ADDRESS 450 WINKS LANE  
CITY-ST-ZIP BENSALEM PA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VICE - PRESIDENT  
2.3 STREET ADDRESS John J. Sullivan  
2.4 CITY-ST-ZIP 450 WINKS LANE  
Bensalem, PA 19020

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME VP/TRES/SECT/D  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*John J. Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 05 1999 (215) 633-4624

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