

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 # H93941

561

1. Corporation Name

FASHION BUG #561, INC.

Principal Place of Business

3714 W. OAKLAND PARK BLVD
CORP. TAX DEPT.
LAUDERDALE LAKE FL 33311
US

Mailing Address

450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1986

4. FEI Number

23-2421028

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

3.1 TITLE VICE - PRESIDENT ☐ Change ☒ Addition
3.2 NAME John J. Sullivan
3.3 STREET ADDRESS 450 WINKS LANE
3.4 CITY-ST-ZIP Bensalem, PA 19020

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

4.1 TITLE VP/TRES/SBCT/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 05 1999 (215) 633-4624

CR2E034 (1/98)

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FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90047 050 ***150.00

