FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 J25970 **DOCUMENT #** FASHION BUG #608, INC. Mailing Address Principal Place of Business 450 WINKS LN 450 WINKS LANE CORPORATE TAX CORP. TAX DEPT. BENSALEM PA 19020 BENSALEM PA 19020-5919 3a. Date of Last Report 3. Date Incorporated or Qualified 07/28/1986 03/23/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 23-2513359 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032,  $Z_{\rm IP}$ Country Country Zip Florida Statutes ☐ Yes ☐ No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 82 1200 SOUTH PINE ISLAND ROAD 83 PLANTATION FL 33324 Zip Code City 85 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styropes types a pented come of my developert and the flat is the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE ÞΩ 1.2 NAME WACHS, PHILIP NAME 1.3 STREET ADDRESS 450 WINKS LANE STREET ADDRESS 1.4 CITY - ST - ZIP BENSALEM PA CHY-ST-ZIP BERN, DORRITT DELETE 2.11(1) TITLE 450 WINKS LANE 2.2 NAME SIDEWATER, SAMUEL NAME 2.3 STREET ADDRESS 450 WINKS LANE STREET ADDRESS BENSALEM, PA 19020 BENSALEM PA 2.4 CITY - ST - ZiP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 TIT: F TITLE 3.2 NAME : WACHS, DAVID V. NAME 3.3 STREET ADDRESS **450 WINKS LANE** STREET ADDRESS 3.4 C(TY - ST - Z)P BENSALEM PA CITY-ST-ZIP Change ☐ Add-tion DELETE 4 1 TPHE TITLE 4.2 NAME NAME WACHS, ELLIS 4.3 STREET ADDRESS **450 WINKS LANE** STREET ADDRESS 4.4.001Y - S1 - ZIP BENSALEM PA CITY - ST - ZIP Change Addit on □ DELETE 5 1 TITLE TITLE VTS 5.2 NAME BRODSKY, BERNARD NAME 300001791853 5.3 STREET ADDRESS 450 WINKS LANE STREET ADDRESS -04/24/96--01011--001

BENSALEM PA 14. If do hereby certify that the information supplied with this filing is voluntarily turnished 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 trusted 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 pain allachment with accidense appears in Block 12 or Block 13 if changed, or

5.4 CITY - ST - 7IP

6.3 STREET ADDRESS

6.4 C-TY - ST - 7/P

6 1 TILLE

6.2 NAME

SIGNATURE:

CHTY-ST-ZIP

STREET ADDRESS

TITLE

NAME

BENSALEM PA

SPECTER, ERIC

**450 WINKS LANE** 

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

DELETE

\*\*\*10800.00

3.28.96 (215)633-4624

Addition

(12/95)

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