

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 # J47223 (9)

1. Corporation Name

FASHION BUG #2112, INC.



Principal Place of Business

Mailing Address

3924 S. DALE MABRY  
CORP. TAX DEPT.  
TAMPA FL 33611  
US

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US

3. Date Incorporated or Qualified

12/11/1986

3a. Date of Last Report

03/23/1995

4. FEI Number

52-1634647

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEMS  
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 signature.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE BERN, PORRITT (P)  
2.2 NAME 450 WINKS LANE  
2.3 STREET ADDRESS BENSALEM, PA 19020  
2.4 CITY-ST-ZIP ☒ Change ☒ Addition

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

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

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

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

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

5.1 TITLE  
5.2 NAME 800001791838  
5.3 STREET ADDRESS -04/24/96--01011--001  
5.4 CITY-ST-ZIP \*\*\*10800.00 ☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 (215)633-4624  
Date Daytime Phone #

CR2E034 (12/95)