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

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DOCUMENT # J47227 (0)		
FASHION BUG # 677, INC.		
Principal Place of Business Mailing Address	1819 1591: 1881 8181 8181 8181 8181 8181 8181 8	
450 WINKS LANE CORP. TAX DEPT. BENSALEM PA 19020-5919 CORPORATE TAX BENSALEM PL 19020 BENSALEM FL 19020 3. Date Incorporated or Qualif	fied 3a. Date of Last Report	
US 12/11/1986	03/23/1995	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For	
21 26 23-2478358 Suite, Apt. #, etc. Suite, Apt. #, etc	Not Applicable \$8.75 Additional	
22 5. Certificate of Status Desired	Fee Required	
City & State City & State 6. Election Campaign Financin		
23 Trust Fund Contribution	Added to Fees	
	for intangible tax under s. 199,032,	
24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of Ne	Yes No	
81 Name	- Hogietote Agent	
C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acce	ontable)	
8751 WEST BROWARD BLVD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PLANTATION FL 33324		
84 City	B5 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 or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the	FL [6] 24 3000	
SIGNATURE	DATE OFFICERS AND DIRECTORS IN 12	
TILE DELETE 11TITE	Change Addition	
NAME WACHS, PHILIP		
STREET ADDRESS 450 WINKS LANE : 3 STREET ADDRESS		
CITY-ST-ZIP BENSALEM PA 14 CITY-ST-ZIP		
NAME SIDEWATER, SAMUEL 21THLE BERN, DORRITT 22 NAME 450 WINKS LAND	(P) Genange Addition	
NAME SIDEWATER, SAMUEL 22 NAME 750 WINKS LAND	\$	
STREET ADDRESS 450 WINKS LANE CITY-ST-ZIP BENSALEM PA 23 STREET ADDRESS 24 CITY-ST-ZIP BENSALEM, PA	19770	
CHY-ST-ZIP BENSALEM PA 24 CHY-ST-ZIP BENSALEM, PA TITLE D DELETE 3 1 THLE	Change Addition	
NAME WACHS, DAVID V. 32 NAME	Change Reduited	
STREET ADDRESS 450 WINKS LANE 33 STREET ADDRESS		
CITY-ST-ZIP BENSALEM PA 34CITY-ST-ZIP		
TITLE D DELETE 4 1 TITLE	☐ Change ☐ Addition	
NAME WACHS, ELLIS 42 NAME		
STREET ADDRESS 450 WINKS LANE 43 STREET ADDRESS		
CITY-ST-ZIP BENSALEM PA 4 4 CITY-ST-ZIP TITLE VTS □ DELFTE 5 1 TiTLE		
	Change Addition	
NAME I RRONGKY REDNADO E E ENLAGE		
NAME BRODSKY, BERNARD 52 NAME STREET ADDRESS 450 WINKS LANF 53 STREET ADDRESS		
STREET ADDRESS 450 WINKS LANE 5.3 STREET ADDRESS CITY-ST-7IP RENSALEM PA 5.4 CITY-ST-7IP		
STREET ADDRESS 450 WINKS LANE 5.3 STREET ADDRESS CITY-ST-7IP RENSALEM PA 5.4 CITY-ST-7IP	7 - 3 1 - 5 - 5 - 5 - 5 - 6 - 6 - 6 - 6 - 6 - 6	
STREET ADDRESS 450 WINKS LANE 53 STREET ADDRESS	791850ange Addition	
STREET ADDRESS 450 WINKS LANE 53 STREET ADDRESS	791850	

I do hereby certify that the information supplied with this filling is voluntarly formshed and does not qualfy 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 expowered 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 actions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

3.28.46 (a15)633.4624