

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K39284

(0)

1. Corporation Name

FASHION BUG #2116, INC.

Closed 12/23/95



Principal Place of Business

Mailing Address

7795 W. FLAGLER ST.
CORP. TAX DEPT.
MIAMI FL 33144
US

450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020
US

3. Date Incorporated or Qualified

10/14/1988

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

52-1592717

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

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, hand or printed name of registered agent and board of directors

(NOTE: Registered Agent signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

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

11 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME D
WACHS, DAVID
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA

12 NAME ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME DV
WACHS, ELLIS
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSALEM PA

13 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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

14 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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

15 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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

16 NAME ☐ 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 registered 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 changes or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 (215) 633-4624

CR2E034 (12/95)