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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K39287

(3)

DOCUMENT #
1. Corporation Name

FASHION BUG # 2099, INC.

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| Principal Place | al Divisional | Madina Address | | I Intially man trought hard total total | fi 100t gibit bibit bibit bibit bibit bibit bibit |
|--|--|--------------------------------|--|--|---|
| | | Mailing Address | | | |
| | NGTON RD N. | 450 WINKS LN CORPORATE TAX | | | |
| CORP. TAX | K DEP1. VILLE FL 32211 | BENSALEM FL 190 | 20 | | |
| US US | HELE I C VEE!! | US | - - | 3. Date Incorporated or Qualified 10/14/1988 | 3a. Date of Last Report 03/23/1995 |
| | | | | 4. FEI Number | |
| ~ | ace of Business | 2a. Mailing Address | | 52-1668494 | Applied For Not Applicable |
| 21 | | 26 | | | \$8.75 Additional |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required |
| 22 | | City & State | | 6. Election Campaign Financing | 55.00 May Be |
| City & State | e | 28 | | Trust Fund Contribution | Added to Fees |
| Z ip | Country | Zip | Country | 8. This corporation has liability for in | ntangible tax under s. 199.032. |
| 24 | 25 | 29 | 30 | Florida Statutes Yes | |
| | 9. Name and Address of Currel | | | 10. Name and Address of New Re | egistered Agent |
| | | | 81 Name | | |
| сто | ORPORATION SYSTEM | | 82 Street Ad | dress (P.O. Box Number is Not Acceptabl | 6) |
| 1200 SOUTH PINE ISLAND ROAD | | | 02 Juleet At | ACCOUNT OF THE PROPERTY OF THE | |
| | TATION FL 33324 | | 83 | | |
| i LAN | CANON I E COOLS | | 24 03 | | 85 Zip Code |
| | | | 84 City | | FL 85 Zip Code |
| 11 Pursuant | to the provisions of Sections 607 050 | 2 and 607.1508. Florida Statu | ites, the above named con | poration submits this statement for the purp | pose of changing its registered office |
| or rogista | rod agent, or both, in the State of Flor | sda. Such change was author | ized by the corporation s D | oard of directors. Thereby accept the appo | pintrnent as registered agent. I am |
| tamiliar wi | ith, and accept the obligations of. Sec | CHOIL DOT 10000' LIQUOR STRUCK | 35 | | |
| SIGNATURE | Signature, typed or printed name of nigistered ages | of a victory diamond of the | NOTE: Roy sheed Agon signature rec | ared when rematatings | DATE |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | |
| TITLE | D | DELETE | 1 1 TITLE | BERN, DORRITT (| Deffange Defedition |
| NAME • | SIDEWATER, SAMUEL | | 1.2 NAME | 450 WINKS LANE | • |
| | | | | | |
| STREET ADDRESS | 450 WINKS LANE | | 1.3 STREET ADDRESS | 7 | |
| STREET ADDRESS | 450 WINKS LANE BENSALEM PA | | 1.3 STREET ADDRESS | BENSALEM, PA 190 | >20 |
| CITY-ST-ZIP | 1 | © DELETE | | 7 | Change Addition |
| CITY-ST-ZIP TITLE | BENSALEM PA D | □ Voetede | 1.4 CiTY - ST - ZIP | 7 | |
| CITY-ST-ZIP TITLE NAME | BENSALEM PA D WACHS, ELLIS | ₽ VELETE | 1.4 CITY - ST- ZIP 2 1 TIFLE | 7 | |
| CITY-ST-ZIP TITLE NAME STREEL ADORESS | BENSALEM PA D WACHS, ELLIS 450 WINKS LANE | ₽ √€LETE | 1.4 CHY+S1-ZIP 2.1 TIFLE 2.2 NAME | 7 | ☐ Change ☐ Addition |
| CHY-ST-ZIP TITLE NAME STREEL ADORESS CHY-ST-ZIP | BENSALEM PA D WACHS, ELLIS | © √SLETE | 1.4 CHY+SI-ZIP 2.1 TIFLE 2.2 NAME 2.3 SPREFT ADDRESS | 7 | |
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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 orderector 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 changes from an attachment was an address.

SIGNATURE: 6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3:28:96 (215)633-4624