

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 # K39287 (3)

1. Corporation Name

FASHION BUG # 2099, INC.



Principal Place of Business

1000 ARLINGTON RD N.
CORP. TAX DEPT.
JACKSONVILLE FL 32211
US

Mailing Address

450 WINKS LN
CORPORATE TAX
BENSALEM FL 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

26

4. FEI Number

52-1668494

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 typed or printed name of registered agent and office location

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDewater, SAMUEL	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, ELLIS	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, DAVID V.	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WACHS, PHILIP	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BRODSKY, BERNARD	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPECTER, ERIC	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	

1.1 TITLE	BERN, DORRIT (P)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	450 WINKS LANE	
1.3 STREET ADDRESS	BENSALEM, PA 19020	
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

000001791840
-04/24/96--01011--001

***10800.00

☐ Change ☐ Addition

24.23

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3:28:96

(215) 633-4624

Daytime Phone #

CR2E034 (12/95)