

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # K39287 (3) (1999)**  
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 19020-5919  
US**

3. Date Incorporated or Qualified **10/14/1988** 3a. Date of Last Report **04/23/1996**

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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE **P**  DELETE

NAME **DORRITT, BERN**

STREET ADDRESS **450 WINKS LANE**

CITY - ST - ZIP **BENSALEM PA 19020**

TITLE **D**  DELETE

NAME **WACHS, PHILIP**

STREET ADDRESS **450 WINKS LANE**

CITY - ST - ZIP **BENSALEM PA**

TITLE **VTS**  DELETE

NAME **BRODSKY, BERNARD**

STREET ADDRESS **450 WINKS LANE**

CITY - ST - ZIP **BENSALEM PA**

TITLE **V**  DELETE

NAME **SPECTER, ERIC**

STREET ADDRESS **450 WINKS LANE**

CITY - ST - ZIP **BENSALEM PA**

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Director**  Change  Addition

2.2 NAME **Dorrit J. Bean**

2.3 STREET ADDRESS **450 Winks Lane**

2.4 CITY-ST-ZIP **Bensalem PA 19020**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **1-28-97** **(215) 633-4624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)