

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K57848** (9)

1. Corporation Name
FASHION BUG #2798, INC.

Principal Place of Business
**450 WINKS LANE
CORP. TAX DEPT.
BENSALEM PA 19020-5919**

Mailing Address
**450 WINKS LN
CORPORATE TAX
BENSALEM FL 19020
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/12/1989	3a. Date of Last Report 04/14/1994
4. FEI Number NOT APPLICABLE 52-1823325	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	

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent
**CT 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SIDEWATER, SAMUEL
STREET ADDRESS	450 WINKS LANE
CITY - ST - ZIP	BENSALEM PA
TITLE	VTS
NAME	BRODSKY, BERNARD
STREET ADDRESS	450 WINKS LANE
CITY - ST - ZIP	BENSALEM PA
TITLE	D
NAME	WACHS, DAVID V.
STREET ADDRESS	450 WINKS LANE
CITY - ST - ZIP	BENSALEM PA
TITLE	VD
NAME	WACHS, ELLIS
STREET ADDRESS	450 WINKS LANE
CITY - ST - ZIP	BENSALEM PA
TITLE	PD
NAME	WACHS, PHILIP
STREET ADDRESS	450 WINKS LANE
CITY - ST - ZIP	BENSALEM PA
TITLE	V
NAME	SPECTER, ERIC
STREET ADDRESS	450 WINKS LANE
CITY - ST - ZIP	BENSALEM PA

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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 887, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95 (215) 633-4624