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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

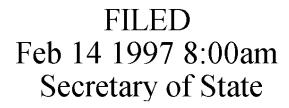
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57848

(9) (1999)

FASHION BUG #2798, INC.

Principal Place of Business



(a15)633-4621



450 WINKS LANE CORP. TAX DEPT. BENSALEM PA 19020-5918		450 WINKS LN CORPORATE TAX BENSALEM PL, 18020-5919	CORPORATE TAX BENSALEM PL, 19020-5919					
		US			<ol> <li>Date incorporated or Qualified 01/12/1989</li> </ol>	3a. Date of Last F 04/23/1996		
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For	
21		26	26		52-1823325	N	ot Applicable	
Suite Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		May Be	
Zip Country		28 Sensalem	28 Bensalem, PA Zho Country					
<del></del>	25	<del> </del> —	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	9. Name and Address of Current Registered Agent			10, Name and Address of New Registered Agent				
CT	CORPORATION SYSTEM		81	Name				
	O SOUTH PINE ISLAND ROAD			J		1-1		
	NTATION FL 33324		82	Street	Address (P.O. Box Number is Not Acceptab	ole)		
	411711101111 E 000E1		83	1				
					······································		D. J.	
			84	City		FL  85   Zip	Code	
office or re agent. I an	o the provisions of Sections 607.051 gistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auf	thorized h	v the corr	corporation submits this statement for the p poration's board of directors. I hereby accep	ourpose of changing of the appointment as	registered registered	
SIGNATURE :	Signaturo ityre di or pontod name of registered ag	erit and title if applicable. (NOTE: F	Registered Ac	ent signature	a required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	P	DELETE	1.1 TITLE			L_ Change	Addition	
NAME	DORRITT, BERN		1.2 NAME					
STREET ADDRESS	450 WINKS LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	BENSALEM PA 19020		1.4 CITY-SY-ZIP			F-7 A.		
TITLE	VTS	DELETE	2.1 TITLE			Change	Addition	
NAME	BRODSKY, BERNARD		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	450 WINKS LANE							
CITY-ST-ZIP	BENSALEM PA		2.4 CITY-ST-ZIP			Mas	<b>K</b> /13385	
TITLE	7		3.1 TITLE				Addition	
NAME	APA MANUAL AND		3.2 NAME		Dorrit J. Bern 400 Winkslane	•	/	
STREET ADDRESS	450 WINKS LANE		3.3 STREET ADDRESS 45		450 Winks Lane			
CITY - ST - ZIP			3.4. CITY-	-ST-ZIP	Change Change		Addition	
TITLE	SPECTER, ERIC	ר ו מנונונ	4.1 TITLE	-	<u></u>	€ ouguge	AGGILION	
NAME	450 WINKS LANE		4. 2 NAMI		1			
STREET ADDRESS	BENSALEM PA			T ADDRESS				
CITY-ST-7-P TITLE	PLITONILM IA	DELETE	4.4 CITY - 5.1 TITLE	51 · ZIF		☐ Change	Addition	
		ال مردد	5.1 HILE 5.2 NAME			5.m.gc		
NAME CTOLLL ADDRESS				ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE			Change	Addition	
NAME		where the	62 NAME					
i			ł	ET ADDRESS				
STREET ADDRESS								
14. Ldo boret:	ov certify that the information second	ed with this filing does not qualify	64 CiTY-	emption s	stated in Section 119.07(3)(i), Florida Statute	s. I further certify tha	it the	
information	n indicated on this annual eroon or	supplemental annual report is tru or the receiver or trustee empower	e and accred to exe	curate and	d that my signature shall have the same legs report as required by Chapter 607, Florida S	al effect as if made u	nder oath: that	