FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 23 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75857 (8)

1. Corporation Name
FASHION BUG #2159, INC.

Principal Place of Business	Mailing Address
SE CRN STATE 84 & UNIVERSITY CORP. TAX DEPT. DAVIE FL 33310 US	450 WINKS LN CORPORATE TAX BENSALEM PA 19020 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1989
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 52-1616469 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SIDEWATER, SAMUEL	1.2 NAME	
STREET ADDRESS	450 WINKS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	1.4 CITY-ST-ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	BRODSKY, BERNARD	2.2 NAME	
STREET ADDRESS	450 WINKS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WACHS, DAVID V.	3.2 NAME	
STREET ADDRESS	450 WINKS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	WACHS, ELLIS	4.2 NAME	
STREET ADDRESS	450 WINKS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	WACHS, PHILIP	5.2 NAME	
STREET ADDRESS	450 WINKS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	SPECTER, ERIC	6.2 NAME	
STREET ADDRESS	450 WINKS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BENSALEM PA	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 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 added in attachment with an address.

SIGNATURE: _____ 3-10-95 (215)633-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002088 CP