

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 # **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**

3. Date Incorporated or Qualified  
**03/28/1989**

3a. Date of Last Report  
**03/23/1995**

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

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

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 the corporation

(NOTE: Registered Agent signature is required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **SIDEWATER, SAMUEL**  
CITY-ST-ZIP **450 WINKS LANE  
BENSALEM PA**

TITLE ☐ DELETE  
NAME **VTS**  
STREET ADDRESS **BRODSKY, BERNARD**  
CITY-ST-ZIP **450 WINKS LANE  
BENSALEM PA**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **WACHS, DAVID V.**  
CITY-ST-ZIP **450 WINKS LANE  
BENSALEM PA**

TITLE ☒ DELETE  
NAME **VD**  
STREET ADDRESS **WACHS, ELLIS**  
CITY-ST-ZIP **450 WINKS LANE  
BENSALEM PA**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **WACHS, PHILIP**  
CITY-ST-ZIP **450 WINKS LANE  
BENSALEM PA**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **SPECTER, ERIC**  
CITY-ST-ZIP **450 WINKS LANE  
BENSALEM PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME **BEAN, DORRITT (P)**  
1.3 STREET ADDRESS **450 WINKS LANE**  
1.4 CITY-ST-ZIP **BENSALEM, PA 19020**

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 **7000001791807**  
5.4 CITY-ST-ZIP **-04/24/96--01011--001**  
**\*\*\*10800.00**

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 119.07(3)(k), 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, printed on attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-96**  
Date

**(215)633-4624**  
Daytime Phone #

CR2E034 (12/95)