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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 # **K75857** (8)

1. Corporation Name
FASHION BUG #2159, INC.

Principal Place of Business
**SE CRN STATE 04 & UNIVERSITY
CORP. TAX DEPT.
DAVIE FL 33310
US**

Mailing Address
**450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020-5919
US**



3. Date Incorporated or Qualified
03/28/1989

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
52-1616469

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

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 tax, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DORRITT, BERN**
STREET ADDRESS **450 WINKS LANE**
CITY - ST - ZIP **BENSALEM PA 19020**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VTS** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

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

3.2 NAME **Director**
3.3 STREET ADDRESS **Dorrit J. Bean**
3.4 CITY - ST - ZIP **450 Winks Lane**
Bensalem, PA 19020

TITLE **V** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

(215)633-4624

Date

Daytime Phone #

0007495

CR2E034 (9/96)