

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 # K88461 (4)

1. Corporation Name

FASHION BUG #2165, INC.



Principal Place of Business

7135 STATE RD 54  
CORP. TAX DEPT.  
NEW PORT RICHEY FL 34653  
US

Mailing Address

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US

3. Date Incorporated or Qualified  
05/16/1989

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

4. FEI Number

52-1631898

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

CT 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 date of signature.

NOTE: Registered Agent signature required when filing this statement.

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

400001791834

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\*\*\*10800.00

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423

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(215)633-4624

CR2E034 (12/95)