

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 14 1997 8:00am
Secretary of State

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 34853
US**

Mailing Address

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

3. Date Incorporated or Qualified

05/16/1989

3a. Date of Last Report

04/23/1996

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

**CT 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

Signature, typed or printed name of registered agent and title 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

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

1.1 TITLE ☐ Change ☐ AdditionTITLE **VTS** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ AdditionTITLE **D** ☒ DELETE

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

3.1 TITLE ☐ Change ☒ AdditionTITLE **V** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Date

(215) 633-4624

Daytime Phone #

CR2E034 (9/96)