FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Mortnam Secretary of State

·	1996	DIVISION OF	CORPORATI	ONS				
DOCUN 1. Corporation	MENT # K9014	49 (1)						
•	IION BUG AND FASHION B	RUG PLUS #2179. INC	<u>.</u>					
17101		70 01 1200 1121101 1111						
Principal Place of Business		Mailing Address						
56TH ST. 7 & BULLARD PKWY CORP. TAX DEPT. TAMPLE TERRACE FL 33617 US		450 WINKS LN						
		CORPORATE TAX	_					
		BENSALEM FL 1902 US)		3. Date Incorporated or Qualified	3a. Date of Last I		
0.0		1 20 10 10 10 10 10 10 10 10 10 10 10 10 10		05/22/1989 4. FEI Number	03/23/			
2. Principal Place of Business		2a. Mailing Address	26 Address		52-1686659	<u> </u>	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	. 		5. Certificate of Status Desired	\$8.7	\$8.75 Additional	
22		27			Fee	Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees		
Zip	Country Zip		Country		8. This corporation has liability for it			
24	25 29 30		30		Florida Statutes	□ No		
· 	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New R	egistered Agent		
0.70	ADDADATION OVOTEM		81					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Ad	t Address (P.O. Box Number is Not Acceptable)			
	TATION FL 33324		83					
, 5 , ,			84	City		a 85 2	Zip Code	
<u> </u>				,		FL	,	
 Pursuant t or register 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Horid	' and 607.1508, Florida Statute da Such change was authorize	es, the above ad by the con	named corporation's be	poration submits this statement for the purporation of directors. Thereby accept the appo	pose of changing its pintment as registers	registered office ed agent. Lam	
familiar wit	th, and accept the obligations of, Section	ion 607.0605, Florida Statutes				_	_	
SIGNATURE _	Signature, typed or printed name of registered agost	and the displayable (No.)	 IE Registered Age	ot sgrat re req	west when rerestating	CATE		
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
TITLE	D DETELLE		1 1 TITLE		BERN, DORRÍTT (1 450 WINKS LANG BENSALEM, PA 1902	P) Denange	Addition	
MME STREET ADDRESS	SIDEWATER, SAMUEL		1.2 NAME	1.4500(66	450 WINKS LANG			
CITY-ST-ZIP	450 WINKS LN BENSALEM PA		1.3 STREE	1 ADDRESS	BENSALEM. PA 1902	^		
TITLE	VTS [] DELETE		2 1 Till E			☐ Change	Addition	
NAME	BRODSKY, BERNARD		2.2 NAME					
STREET ADDRESS	450 WINKS LN		23 STREE	T ADDRESS				
CITY-ST-ZIF	BENSALEM PA		2 4 CITY-	• • • • • • • • • • • •				
THILE	D DEFEIE		3 1 117.5			☐ Change	Addition	
NAME STREET ADDRESS	WACHS, DAVID V. SS 450 WINKS EN		3.2 NAME	FT ADDRESS				
CITY-ST-ZIP	BENSALEM PA		3.4 CITY -					
TITLE	D DETELE		4 1 THLE			☐ Change	e Addition	
NAME	WACHS, ELLIS		4 2 NAME				İ	
STREET ADDRESS	450 WINKS LN		4.3 STREE	1 ADORESS				
CITY-ST-Z-P	BENSALEM PA	E Brita	4 4 Cily -					
TITLE	MACHE DAILID		5 1 TITLE	1		Change	e 🔲 Addition	
NAME STREET ADDRESS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		5.2 NAME	f ADDRESS	200004 \sim			
CITY-ST-ZIP	BELIGHT EN EN		5 4 CITY -		2000017: -04/24/9901/	91832		
TITLE			6 1 1 TLF		-04/24/9601/ ***10800.00	JIIU()	Addition	
NAME	SPECTER, ERIC		6.2 NAME		***************************************		72	
STREET ADDRESS	450 WINKS LN		€ 3 STREE	1 ADDRESS			4.23	
CHTY-ST-ZIP	BENSALEM PA		6.4 CITY -				(/ /	
 14. I do hereb 	y certify that the information supplied s	with this filing is voluntarily furn	ished and do	es not qualif	ly for the exemption stated in Section 119.	07(3)(k), Florida Stat	utes. I further	

certify that the information indicated on this annual report or supplemental annual report is rule and accurate and trial my signature shall have the same legal effect as if made under oath; that I am an officer or director of the constraion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charges, or on an attachment with an address.

SIGNATURE: \(\sigma \)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 (a15)633-4684