

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 # **K90149** (1)
1. Corporation Name
FASHION BUG AND FASHION BUG PLUS #2179, INC.



Principal Place of Business

Mailing Address

**56TH ST. 7 & BULLARD PKWY
CORP. TAX DEPT.
TAMPALE TERRACE FL 33617
US**

**450 WINKS LN
CORPORATE TAX
BENSALEM FL 19020
US**

3. Date Incorporated or Qualified
05/22/1989

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
52-1686659

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

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 the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDEWATER, SAMUEL	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BRODSKY, BERNARD	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, DAVID V.	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, ELLIS	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WACHS, PHILIP	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPECTER, ERIC	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA	

1.1 TITLE	BERN, DORRITT (P)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	450 WINKS LANE	
1.3 STREET ADDRESS	BENSALEM, PA 19020	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

200001791832
-04/24/96--01011--001
*****10800.00**

72
423

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96
Date

(215)633-4624
Daytime Phone #

CR2E034 (12/95)