


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

000730

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90042 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L76976**

1. Corporation Name  
**FASHION BUG #2300, INC.**

Principal Place of Business

7081 WATERS AVE.  
450 WINKS LANE  
TAMPA FL 33634  
US

Mailing Address

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/29/1990**

4. FEI Number

**52-1680821**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAN 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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DORRITT, BERN</b>	
STREET ADDRESS	<b>450 WINKS LANE</b>	
CITY-ST-ZIP	<b>BENSALEM PA 19020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERN, DORRIT J</b>	
STREET ADDRESS	<b>450 WINKS LANE</b>	
CITY-ST-ZIP	<b>BENSALEM PA</b>	
TITLE	<b>VTS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDBERG, JON A</b>	
STREET ADDRESS	<b>450 WINKS LANE</b>	
CITY-ST-ZIP	<b>BENSALEM PA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SPECTER, ERIC</b>	
STREET ADDRESS	<b>450 WINKS LANE</b>	
CITY-ST-ZIP	<b>BENSALEM PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE - PRESIDENT</b>
3.3 STREET ADDRESS	<b>John J Sullivan</b>
3.4 CITY-ST-ZIP	<b>450 WINKS LANE Bensalem, PA 19020</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VP/TRBS/SECT 10</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**John J. Sullivan** **APR 05 1999** **(215) 633-4624**

CR2E034 (11/98)