

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 # L76979 (8)

1. Corporation Name
FASHION BUG #2333, INC.



Principal Place of Business: **142186-33 BEACH BLVD
450 WINKS LANE
JACKSONVILLE FL 32250
US**

Mailing Address: **450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020
US**

3. Date Incorporated or Qualified: **05/29/1990** 3a. Date of Last Report: **03/23/1995**

4. FEI Number: **23-2622665** 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, 22, 23, 24, 25

2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**C T 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	WACHS, DAVID V.	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SIDEWATER, SAMUEL	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	DV	<input checked="" type="checkbox"/>
NAME	WACHS, ELLIS	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	DR	<input type="checkbox"/>
NAME	WACHS, PHILIP	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KAFRY, MORDECHAY	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	
TITLE	VTS	<input type="checkbox"/>
NAME	BRODSKY, BERNARD	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		Change	Addition
1.1 TITLE	BERN, DORRITT (P)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	450 WINKS LANE		
1.3 STREET ADDRESS	BENSALEM, PA 19020		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	200001791822		
5.4 CITY-ST-ZIP	-04/24/96--01011--001		
6.1 TITLE	***10800.00	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: 3-28-96 (215) 633-4624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)