

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

Mailing Address

142186-33 BEACH BLVD  
450 WINKS LANE  
JACKSONVILLE FL 32250  
US

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

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

25

29

30

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 each registered agent and the corporation, if applicable.

DATE Registered Agent's signature required after incorporation.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, DAVID V.	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIDEWATER, SAMUEL	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WACHS, ELLIS	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	WACHS, PHILIP	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAFRY, MORDECHAY	
STREET ADDRESS	450 WINKS LANE	
CITY- ST- ZIP	BENSALEM PA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	BRODSKY, BERNARD	
STREET ADDRESS	450 WINKS LANE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
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	200001791822	
5.4 CITY- ST- ZIP	-04/24/96--01011--001	
6.1 TITLE	***10800.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(215)633-4624

Daytime Phone #

CR2E034 (12/95)