

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

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

**95 MAR 23 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L83333

(9)

1. Corporation Name

FASHION BUG #2344, INC.

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified

06/25/1990

3a. Date of Last Report

04/14/1994

4. FEI Number

23-2678143

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

Principal Place of Business

**13542 UNIVERSITY PLAZA
450 WINKS LANE
TAMPA FL 33612
US**

Mailing Address

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WACHS, DAVID V.
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	D
NAME	SIDEWATER, SAMUEL
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	D
NAME	WACHS, ELLIS
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	DP
NAME	WACHS, PHILIP
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	D
NAME	KAFRY, MORDECHAY
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA
TITLE	VTS
NAME	BRODSKY, BERNARD
STREET ADDRESS	450 WINKS LANE
CITY-ST-ZIP	BENSALEM PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95 (215-633-4624)