

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1999 1996

DOCUMENT # L83333

1. Corporation Name

FASHION BUG #2344, INC.

Closed  
12/30/95

Principal Place of Business

Mailing Address

13542 UNIVERSITY PLAZA  
450 WINKS LANE  
TAMPA FL 33612  
US

450 WINKS LN  
CORPORATE TAX  
BENSALEM FL 19020  
US



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

29

30

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 date of signature

(Note: Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CC, ☒ DELETE

NAME WACHS, DAVID V.  
STREET ADDRESS 450 WINKS LANE  
CITY-STATE-ZIP BENSALEM PA

TITLE D ☒ DELETE

NAME SIDEWATER, SAMUEL  
STREET ADDRESS 450 WINKS LANE  
CITY-STATE-ZIP BENSALEM PA

TITLE D ☒ DELETE

NAME WACHS, ELLIS  
STREET ADDRESS 450 WINKS LANE  
CITY-STATE-ZIP BENSALEM PA

TITLE DP ☐ DELETE

NAME WACHS, PHILIP  
STREET ADDRESS 450 WINKS LANE  
CITY-STATE-ZIP BENSALEM PA

TITLE D ☒ DELETE

NAME KAFRY, MORDECHAY  
STREET ADDRESS 450 WINKS LANE  
CITY-STATE-ZIP BENSALEM PA

TITLE VTS ☐ DELETE

NAME BRODSKY, BERNARD  
STREET ADDRESS 450 WINKS LANE  
CITY-STATE-ZIP BENSALEM PA

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

000001791780

04/24/96-01011-001

\*\*\*10800.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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423

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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(815) 633-4624

CR2E034 (12/95)