

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90140 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L96535

1. Corporation Name
DAVID'S BRIDAL, INC.

Principal Place of Business 2029 N. UNIVERSITY DRIVE SUNRISE FL 33322	Mailing Address 2029 N. UNIVERSITY DRIVE SUNRISE FL 33322
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 44 W. LANCASTER AVE	3. Date Incorporated or Qualified 08/29/1990	4. FEI Number 65-0214563	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite # 250	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28 ARDMORE PA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 19008	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

YOUTIE, PHILIP
19946 NE 36TH PLACE
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	ERLBAUM, STEVEN
STREET ADDRESS	922 MT. PLEASANT
CITY-ST-ZIP	GLADWYNE PA 19010
TITLE	P <input type="checkbox"/> DELETE
NAME	HUTH, ROBERT
STREET ADDRESS	721 WINDSWEEP LANE
CITY-ST-ZIP	FRANKLIN LAKE NJ 07417
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	TOMECHKO, EDWARD
STREET ADDRESS	44 W LANCASTER AVE
CITY-ST-ZIP	ARDMORE PA 19003
TITLE	VP <input type="checkbox"/> DELETE
NAME	SHAPIRO, SHELLY
STREET ADDRESS	1705 SOMERSET
CITY-ST-ZIP	DRESHER PA 19020
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CFO Wozniak, Edward
3.3 STREET ADDRESS	465 GARRISON WAY
3.4 CITY-ST-ZIP	GULPH MILLS PA 19040
4.1 TITLE	<input 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	
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]* **REQUIRED** Date: 2/18/99 Daytime Phone #: (610) 896-2111

CR2E034 (1/98)