

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997 1996

DOCUMENT # L97859 (7)

1. Corporation Name

FASHION BUG #2363, INC.

Closed  
12/30/95



Principal Place of Business

Mailing Address

10063 S. FEDERAL HWY  
450 WINKS LANE  
PORT ST. LUCIE FL 34952  
US

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US

3. Date Incorporated or Qualified  
08/23/1990

3a. Date of Last Report  
03/23/1995

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

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, if applicable,

signature of Registered Agent, and, if applicable,

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME D  
WACHS, DAVID V  
STREET ADDRESS 450 WINKS LN  
CITY-STATE-ZIP BENSALEM PA

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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4.23

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

(215)633-4624

CR2E034 (12/95)