FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
95 MAY 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041926 (5)**

1. Corporate Name
FASHIONS OF DESTIN, INC.

Principal Place of Business
1589 REED RD
WEST TRENTON NJ 08628

Mailing Address
1589 REED RD
WEST TRENTON NJ 08628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-3195229 — 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.

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301

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 Section [illegible] 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. The 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POPKIN, SHAREN
STREET ADDRESS	216 COVERED BRIDGE RD
CITY, ST, ZIP	NEW HOPE PA
TITLE	VPD
NAME	LEVY, DEXTER
STREET ADDRESS	1 FIELDSTONE CT
CITY, ST, ZIP	UPPER SADDLE RIVER NJ
TITLE	SD
NAME	MORI, FRANK
STREET ADDRESS	931 PARK AVE / STE 16A
CITY, ST, ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this 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 a receiver or trustee or other court-appointed fiduciary of the corporation; and that this report is being filed within the time prescribed by Chapter 607, Florida Statutes, and that the name appears in Block 12 or Block 13 of this report or is added by amendment to be effective upon filing of this report.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEXTER LEVY - VICE PRESIDENT 5/11/95 (609) 737-6880
Date Phone

0484260 FN