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 # P93000051752 (2)

1. Corporation Name
FASHION BUG #2215, INC.

Principal Place of Business	Mailing Address
315 E VAN FLEET DRIVE BARTOW FL 33830	3750 STATE RD CORP. TAX DEPT. BENSALEM PA 19020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 23-2725473 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WACHS, PHILIP	1.2 NAME	
STREET ADDRESS	464 CONSHOHOCKEN STATE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALA CYNWYD PA 10904	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, KATHLEEN	2.2 NAME	
STREET ADDRESS	18 DECISION WAY WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON'S CROSSING PA 18977	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MENTO, BEN	3.2 NAME	
STREET ADDRESS	16 EASTWOOD DRIVE	3.3. STREET ADDRESS	
CITY-ST-ZIP	WEST BERLIN NJ 08091	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	DESABATO, ANTHONY	4.2 NAME	
STREET ADDRESS	305 S NARBERTH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NARBERTH PA 19072	4.4 CITY-ST-ZIP	
TITLE	VSTD	5.1 TITLE	☐ Change ☐ Addition
NAME	BRODSKY, BERNARD	5.2 NAME	
STREET ADDRESS	1652 DUBLIN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DRESHER PA 19025	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: _____ 3-10-95 (215)633-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0002027 CP