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

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # P93000066911 (7) 1. Corporation Name FASHION BUG #2897, INC. Principal Place of Business Mailing Address 3750 STATE ROAD THE MARKET AT SOUTHSIDE CORPORATE TAX DEPARTMENT E MICHIGAN ST BENSALEM PA 19020 ORLANDO FL 32806 3. Date Incorporated or Qualified 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. 5. Cortificate of Status Desired Suite, Apt. #, etc.



09/17/1993

23-2738278

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

Applied For

\$8.75 Additional

Fee Required

Not Applicable

City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
3	Country	7ip	Cour	ntry	This corporation has liability for intangible tax under s 199.032,		
Zip	Country 25	29	30		Florida Statutes		
24	9. Name and Address of Curre				10. Name and Address of New Registered Agent		
	5. Hame the Address of State			81 Nan	artie		
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)			
1200 S PINE ISLAND RD PLANTATION FL 33324				0.10	and the state of t		
				83			
				84 Gity	85 Zip Code		
11 Pursuant t	to the provisions of Sections 607.050	2 and 607.1508 Florida Stal	rutes, the abo	ve named	ied corporation submits this statement for the purpose of changing its registered office than's board of directors. Thereby accept the appointment as registered agent. I am		
	ed agent, or both, in the State of Flo th, and accept the obligations of, Ser			orporatio	led corporation submits this statement for the purpose of oranging the agent. I am short's board of directors. Thereby accept the appointment as registered agent. I am		
SIGNATURE .	Sandy fee typed or printed name of regione Lags	and the description of the second	NOTE Bassert	Aquint sign at	r Abust required when injuritating) CATE		
12		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	70	DELETE	1 1 1	ITLE	Change Addition		
NAME	WACKS, PHILLIP		1 2 N	AME			
STREET ADDRESS	464 CONSHOHOCKEN S	TATE ROAD	135	REFT ADDRE	DRESS		
CITY-\$1-ZIP	BALA CYNWYD PA		140	[Y - S1 - ZIP			
TITLE	VD	DELETE	2 1 1	ITLE	☐ Change ☐ Addition		
NAME	LIEBERMAN, KATHLEEN		2 2 N	AME			
STREET ADDRESS	18 DECISION WAY WEST	•	235	KEET ADDRE	DRESS:		
CITY-ST-ZIP	WASHINGTON CROSSING	3 PA	240	11Y - ST - ZIC			
TITLE	VD	DELETE	3 1 7	ILLE	BERN, DORRITT (P) GARGE PAddition 450 WINKS LANE BENSALEM, PA 19020		
NAME	MENTO, BEN		32 N	AME	450 WINKS LANE		
STREET ADDRESS	16 EASTWOOD DRIVE		335	RICA TRANS	DORESS BANGALPM, PA 19020		
CITY-ST-ZIP	WEST BERLIN NY		340	ITY ST-ZIP			
TITLE	VD	☐ DELETE	4 1 1	SITUE	Change Addition		
NAME	DESABATO, ANTHONY		4 2 N	IAMf			
STREET ADDRESS	305 SOUTH NAR BENH	aeneu	438	TREET ADOR	ORCSS .		
CITY-ST-ZIP	NARBETH PA			711 - ST - ZIE	ZIF Change Addition		
TITLE	VST BRODSKY, T	BERNARD POELETE	5.1	Ti*LE	Crange Addition		
NAME	-BRADSKY, BERNGRO-	(SPECHNY ERR	571	IAME			
STREET ADDRESS	TARK BUBLIN BOAD		539	STREET ADDE	200001701902		
CITY - ST - ZIP	DRESHER PA 1907	5		CITY - ST - ZIF	30001791803 -04/24/96010110010nange		
TITLE		DELETE	6 1	TITLE .	-U4/24/36U1011ULIIOMAGE CI ASSISSI		
NAME			621	NAME	***10800.00		
STREET ADDRESS	;		6.3	STREET ADUI	DORESS U.S.		
• • • • • • • • • • • • • • • • • • • •			6.4	CITY -ST - ZIF	7IP Contact 110 07/2014 Storido Statutos Utudhor		
14. I do here	eby certify that the information supplie	ed with this filing is voluntarily	/ furnished and Langual report	t does no lis true at	on on qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further and accurate and that my signature shall have the same legal effect as if made under execute this report as required by Chapter 607, Florida Statutes, and that my name		
certify the	iat the information indicated on this a at Lam an officer or/director of the co	moration or the receiver or	distee empow	ered to e	and accurate and that my signature shall have the same eggit erect us in hidde direction execute this report as required by Chapter 607, Fiorida Statutes, and that my name		
appears	in Block 12 or Block 13 if changed	an attackment with an	address		L1		

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR