

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # P93000066911 (7) (1999)

1. Corporation Name

FASHION BUG #2897, INC.



Principal Place of Business

THE MARKET AT SOUTHSIDE
E MICHIGAN ST
ORLANDO FL 32806

Mailing Address

3750 STATE ROAD
CORPORATE TAX DEPARTMENT
BENSALEM PA 19020-5903
US

3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

23-2738278

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE

D

☒ DELETENAME
WACHS, PHILLIP
STREET ADDRESS
464 CONSHOHOCKEN STATE ROAD
CITY- ST- ZIP
BALA CYNWYD PA

TITLE

VD

☒ DELETENAME
LIEBERMAN, KATHLEEN
STREET ADDRESS
18 DECISION WAY WEST
CITY- ST- ZIP
WASHINGTON CROSSING PA

TITLE

P

☐ DELETENAME
DORRITT, BERN
STREET ADDRESS
450 WINKS LANE
CITY- ST- ZIP
BENSALEM PA 19020

TITLE

VD

☒ DELETENAME
DESABATO, ANTHONY
STREET ADDRESS
305 SOUTH NAR BENH AENEU
CITY- ST- ZIP
NARBETH PA

TITLE

VST

☐ DELETENAME
BRODSKY, BERNARD
STREET ADDRESS
1652 DYBLIN ROAD
CITY- ST- ZIP
DRESHER PA 19025

TITLE

☐ DELETENAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE

Director

☒ Change☒ Addition

1.2 NAME

Dorrit J. Bean

1.3 STREET ADDRESS

450 Winks Lane

1.4 CITY- ST- ZIP

Bensalem PA 19020

2.1 TITLE

V-President

☒ Change☒ Addition

2.2 NAME

Eric Specter

2.3 STREET ADDRESS

450 Winks Lane

2.4 CITY- ST- ZIP

Bensalem PA 19020

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

(215) 633-4624

Date Daytime Phone

CR2E034 (9/96)