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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

P93000082451 (4) **DOCUMENT #**

FASH	ON BUG #2815, INC.						
Principal Place o	f Business	Mailing Address					MANIA MANAK IBNIA NIBNI MINAN ANIAN INDI KRAN
450 WINKS LANE 450 WINKS LANE BENSALEM PA 19020 BENSALEM PA 19020							
						3. Date Incorporated or Qualified 11/24/1993	3a. Date of Last Report 03/23/1995
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For
21		Sub-Ard # old				52-1823334	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.		Suite, Apit. #, etc			5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip			8. This corporation has liability for inta		
25		[29]				Florida Statutes Yes	
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New Reg	distance without
A T A	ODDODATION SYSTEM					ddiggs (D.O. Day Nijember in Not Acceptable)	
C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM				82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	S. PINE ISLAND ROAD			83			
i	ATION FL 33324			84	City		85 Zip Code
				e above-namea corporation submits this statement for the purpose of changing its registered			FL S S S S S S S S S
	n, and accept the obligations of, S Separate typed guerous are chaptered a OFFICERS.	ennani, toe hagaliste AND DIRECTORS	NOTE PLO	Jered Age	nt signature re-	pared of the state of ADDITIONS/CHANGES TO OFFIC	DATE
THILE	D	[] DELET	Œ	1 11111			
NAME		WACHS, PHILIP					Change Addition
STREET ADDRESS		ATITE BD		1.2 NAME	4000403		
1	464 CONSHOHOCKEN		i	1.2 NAME 1.3 STREET			
City-St-ZiP Title	BALA CYNWYD PA 1900			1.2 NAME			
CITY - ST - ZIP TITLE NAME	BALA CYNWYD PA 1900 D)4	Ł	1.2 NAME 1.3 STREET 1.4 CITY - S			☐ Change ☐ Addition
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CITY-ST-ZIP 14. Ido 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 prector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an altachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-38-96 (215)633-4624