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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000003268 (7) (1999)**

1. Corporation Name
FASHION BUG #2948, INC.



Principal Place of Business
**450 WINKS LANE
BENSALEM PA 19020**

Mailing Address
**450 WINKS LANE
BENSALEM PA 19020-5919**

3. Date Incorporated or Qualified
01/04/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business
21 Suite, Apt. #, etc

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
58-2156648

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

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

24 **25** **29** **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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D	WACHS, PHILLIP	450 WINKS LANE BENSALEM PA	<input checked="" type="checkbox"/> DELETE																							
	V	SPECTOR, ERIC	450 WINKS LANE BENSALEM PA	<input type="checkbox"/> DELETE																							
	VT	BRODSKY, BERNARD	450 WINKS LANE BENSALEM PA	<input type="checkbox"/> DELETE																							
	D	DORRITT, BERN	450 WINKS LANE BENSALEM PA 19020	<input type="checkbox"/> DELETE												President / Director	Dorrit J. BEEN			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition						
				<input type="checkbox"/> DELETE																							
				<input type="checkbox"/> DELETE																							

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)