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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000025197 (2)

FASHION BUG #2980, INC.

Principal Place of Business

Mailing Address

FILED May 20 1998 8:00am Secretary of State



450 WINKS LANE BENSALEM PA 19020		450 WINKS LANE BENSALEM PA 19020		DO NOT WRITE IN THE	\$ SPACE		
					3. Date Incorporated or Qualified 03/29/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			23-2772226	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired		Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28		Trust Fund Contribution Added to Fees			
Ζίρ	Country	Ζψ	Count	try	8. This corporation owes or has paid the c	urrent year	Intangible
24 25		29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registere	d Agent	
	CORPORATION SYSTEM		8	1 Name			
	00 \$. Pine Island Rd.		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
PL.	ANTATION FL 33324						
			8	3			
			8	4 City	F	85 Z	p Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 ogistered agent, or both, in the S m familiar with, and accept the ol	0502 and 607.1508, Florida Sta tate of Florida. Such change wa bligations of, Section 607.0505,	itules, the abo as authorized I Florida Statut	ve-named co by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing pointment a	its registered as registered
SIGNATURE							
40	Signature, typed or printed name of registers			geet's gnature req	pured when reinstating) DATE.		
12.	VSTD OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
NAME	B RODSKY, BERNARD	DELETE	1.1 TOTAL		VTS	Change	delition
	1652 DUBLIN RD.	•	1.2 NAMI		JONA GOLDDENA		
STREET ADDRESS	DRESHER PA			ET ADDRESS	SAME		
CITY-ST-ZIP TITLE	PD PD	DELETE	1.4 CITY - 2.1 TITLE		3AME	Па	
NAME	B ERN, DORRIT J	F" OFFEIF				Change	☐ Addition
	450 WINKS LANE		2.2 NAMI	j			
STREET ADDRESS	BENSALEM PA			E1 ADDRESS			
CITY-ST-ZIP TITLE	VD VD	DELETE	2 4 CITY			<u> </u>	
	SPECTER, ERIC	L' DEFEIE	3 1 TITLE			Change	Addition
NAME CTOCCT ADDRESS	801 HONEY RUN RD.		3.2 NAM8				
STREET ADORESS	AMBLER PA			ET ADDRESS			
CITY-ST-ZIP TITLE	TWIDELIN I A	DELETE	3.4 CITY 4.1 TITLE			Cha	Addet
NAME						Change	Addition
STREET ADDRESS			4. 2 NAM				
			ľ	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-			Chan	p dediction
NAME		LJ OLLEIE	5.1 THE			Change	Addition
			5.2 NAME	·			
STREET ADDRESS CITY+ST-ZIP							
				1 ADDRESS			
		T nei erc	5.4 CITY-			[] (h	
TITLE		DELETE	5.4 CITY - 6.1 TITLE	S1 - ZIP		Change	☐ Addition
TITLE NAME		DELETE	5.4 CITY - 6.1 TITLE 6.2 NAME	S1 - ZIP		Change	Addition
TITLE		DELETE	5.4 CITY - 6.1 TITLE 6.2 NAME	S1 - ZIP		Change	☐ Addition

4. I 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 suppliemental 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.

JON A. GOLDBERG
