

2-14-97 B-1408 MC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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 # P94000025201 (2) (1098)

1. Corporation Name
FASHION BUG #2981



Principal Place of Business
450 WINKS LANE
BENSALEM PA 19020

Mailing Address
450 WINKS LANE
BENSALEM PA 19020-5919

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

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

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

CT 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
85 Zip Code

FL

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WACHS, PHILIP			1.2 NAME			
STREET ADDRESS	464 CONSHOHOCKEN STATE RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BALA CYNWYD PA 19004			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VP/Sec/Treas/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODSKY, BERNARD			2.2 NAME	Bernard Brodsky		
STREET ADDRESS	1652 DUBLIN RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DRESHER PA 19025			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	V-President/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPECTOR, ERIC			3.2 NAME	Eric Spector		
STREET ADDRESS	801 HONEY RUN RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	AMBLER PA 19002			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DORRIT, BERN			4.2 NAME	Dorrit J. Bean		
STREET ADDRESS	450 WINKS LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BENSALEM PA 19020			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)