

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000051548 (0)
1. Corporation Name

FASHION BUG #3113, INC.



Principal Place of Business

Mailing Address

HIGHLAND LAKES CENTER
7421 W. COLONIAL DRIVE
ORLANDO FL 32818

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7421 W. COLONIAL DRIVE
ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

52-2043665

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

450 WINKS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

CORP TAX DEPT.

City & State

City & State

23

28

Bensalem, PA 19020

Zip

Country

Zip

Country

24

25

29

19020

30

Bucks

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 D ☐ DELETE
NAME BERN, DORRIT J
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSLEM PA 19020

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LIEBERMAN, KATHLEEN H
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSLEM PA 19020

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BRODSKY, BERNARD
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSLEM PA 19020

3.1 TITLE VP/TRES/SECT ☒ Change ☒ Addition
3.2 NAME JON A. GOLDBERG
3.3 STREET ADDRESS 450 WINKS LANE
3.4 CITY-ST-ZIP Bensalem, PA 19020

TITLE D ☐ DELETE
NAME SPECTER, ERIC M
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSLEM PA 19020

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRAUB, JONATHAN
STREET ADDRESS 450 WINKS LANE
CITY-ST-ZIP BENSLEM PA 19020

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

ERIC SPECTER

AUG 11 1998

CR2E034 (5/98)