

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V00346** (9)

1. Corporation Name

FASHION BUG #2540, INC.



Principal Place of Business

**9610 US HWY 19 N
CORPORATE TAX - 7813
PORT RICHEY FL 34668
US**

Mailing Address

**450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020
US**

3. Date Incorporated or Qualified
12/16/1991

3a. Date of Last Report
03/23/1995

4. FEI Number

52-1763280

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 or director (attach all)

(Print) Registered Agent signature (attach when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PO	WACHS, PHILIP	450 WINKS LANE	BENSALEM PA 19020	<input type="checkbox"/>
VP	SPECTER, ERIC	450 WINKS LANE	BENSALEM PA 19020	<input type="checkbox"/>
VTS	BRODSKY, BERNARD	450 WINKS LANE	BENSALEM PA 19020	<input type="checkbox"/>
D	WACHS, DAVID	450 WINKS LANE	BENSALEM PA 19020	<input checked="" type="checkbox"/>
D	WACHS, ELLIS	450 WINKS LANE	BENSALEM PA 19020	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

BERN, DORRITT (P)
450 WINKS LANE
BENSALEM, PA 19020

600001791816
04/24/96--01011--081
*****10800.00**

3-28-96 (215) 633-4624

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)