

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1999 1996

DOCUMENT # V43909 (3)

1. Corporation Name

FASHION BUG #2632, INC.

Closed 12/30/96

Principal Place of Business

Mailing Address

1200 S. PINE ISLAND RD.
1200 S PINE ISLAND RD
PEMBROKE FL 33324
US

450 WINKS LN
CORPORATE TAX
BENSALEM PA 19020
US



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

3. Date Incorporated or Qualified

06/16/1992

3a. Date of Last Report

03/23/1995

4. FEI Number

52-1823171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

C T 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

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, if applicable)

(If 11b, Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WACHS, PHILIP
STREET ADDRESS 450 WINKS LN
CITY- ST- ZIP BENSALEM PA ☐ DELETE

TITLE VP
NAME SPECTER, ERIC
STREET ADDRESS 450 WINKS LN
CITY- ST- ZIP BENSALEM PA ☐ DELETE

TITLE VPT
NAME BRODSKY, BERNARD
STREET ADDRESS 450 WINKS LN
CITY- ST- ZIP BENSALEM PA ☐ DELETE

TITLE D
NAME WACHS, DAVID
STREET ADDRESS 450 WINKS LN
CITY- ST- ZIP BENSALEM PA ☒ DELETE

TITLE D
NAME WACHS, ELLIS
STREET ADDRESS 450 WINKS LN
CITY- ST- ZIP BENSALEM PA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

400001791774
-04/24/96--01011--001
***10800.00

☐ Change ☐ Addition

32
4-23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

(215)633-4624

CR2E034 (12/95)