

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V58438 (5)**

1. Corporation Name

**FASHION BUG #2568, INC.**



Principal Place of Business

Mailing Address

**2301 DELPRADO BLVD  
CAPE CORAL FL 33990  
US**

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

3. Date Incorporated or Qualified <b>08/17/1992</b>	3a. Date of Last Report <b>03/23/1995</b>
4. FEI Number <b>23-2697601</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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, and date of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>WACHS, PHILLIP</b>
STREET ADDRESS	<b>450 WINKS LN</b>
CITY-ST-ZIP	<b>BENSALEM PA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP</b>
STREET ADDRESS	<b>SPECTER, ERIC</b>
CITY-ST-ZIP	<b>450 WINKS LN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPTS</b>
STREET ADDRESS	<b>BRODSKY, BERNARD</b>
CITY-ST-ZIP	<b>450 WINKS LN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BRODSKY</b>
STREET ADDRESS	<b>WACHS, BERNARD</b>
CITY-ST-ZIP	<b>450 WINKS LN</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D</b>
STREET ADDRESS	<b>WACHS, ELLIS</b>
CITY-ST-ZIP	<b>450 WINKS LN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>200001791812</b>
33 STREET ADDRESS	<b>-04/24/96--01011--001</b>
34 CITY-ST-ZIP	<b>***10800.00</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>BERN, DORRITT, (P)</b>
53 STREET ADDRESS	<b>450 WINKS LANE</b>
54 CITY-ST-ZIP	<b>BENSALEM, PA 19020</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-96**

**(215) 633-4624**

CR2E034 (12/95)