

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90042 017 \*\*\*150.00

**DOCUMENT # V58438**

1. Corporation Name

FASHION BUG #2568, INC.

Principal Place of Business

2301 DELPRADO BLVD  
CAPE CORAL FL 33990  
US

Mailing Address

450 WINKS LN  
CORPORATE TAX  
BENSALEM PA 19020  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1992

4. FEI Number

23-2697601

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERN, DORRIT J	
STREET ADDRESS	450 WINKS LANE	
CITY-ST-ZIP	BENSALEM PH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPECTER, ERIC	
STREET ADDRESS	450 WINDS LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, JON A	
STREET ADDRESS	450 WINKS, LN	
CITY-ST-ZIP	BENSALEM PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DORRITT, BERN	
STREET ADDRESS	450 WINKS LN	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/TRES/SECT/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE - PRESIDENT
3.3 STREET ADDRESS	John J. Sullivan
3.4 CITY-ST-ZIP	450 WINKS LANE Bensalem, PA 19020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. SULLIVAN

APR 05 1999 (215) 633-4624

Date

Daytime Phone#

CR2E034 (11/98)