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

1996

DOCUMENT #

FASHION BUG #2678, INC.

1,10

1710111	(loved 12/	1975	>					
Principal Place o	f Business	Mairing Address				150 0310 0 018 80034 05 8	115 HP \$181 4	1911 (191)	8+811 B1811 B1811 1881
3700 W 18 HIALEAH FL		450 WINKS LIN CORPORATE TAX							
US		BENSALEM PA 19020 US		3. Date Incorporated or Qualified 3a. Date of Last I 09/28/1992 03/23/					
2. Principal Plac	se of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				23-2694127			Not Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional e Required
City & State		City & State			200-	Election Campaign Financing Trust Fund Contribution		Add	00 May Be led to Fees
Ζιρ	Country	Zψ	Cour	ntry		8. This corporation has liability for i		x under	s 199.032,
24	25	29	30				□ No	A cont	
	9. Name and Address of Cur	rent Registered Agent		04	Mana	10. Name and Address of New R	egistered /	4gent	
			j	81	Name				
	DRPORATION SYSTEM SOUTH PINE ISLAND ROAD		•	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	ATION FL 33324			83					
. 5217			ļ	84	City	4.17		85	Zıp Code
	_				ĺ	ration submits this statement for the pu	FL	بلبا	
or registere familiar with SIGNATURF	id agent, or both, in the State of Fin, and accept the obligations of, Signature, treater professioner of reference.	londa: Such change was author section 607.0505, Florida Statute	ized by the c es	югре	oration's boa	alwhore reinst things	DATE		
12.		AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	P	☐ DELETE	111	ITLE			ا ا	Chang	ge 🔲 Addition
NAME	WACHS, PHILIP		12 N	4ME					
STREET ADDRESS	450 WINKS LN		1.3 \$1	TREFT	ADDRESS				
CITY-ST-ZIP	BENSALEM PA		1.4 C	11Y - S	T ZIP				
TITLE	VP .	☐ DELETE	2.11	HLE			ļ	☐ Chang	ge 🗌 Addition
NAME	SPECTER, ERIC		2 2 N	AMI	l				
STREET ADORESS	450 WINKS LN		235	THEE!	ADDRESS				
CITY-ST-ZIP	BENSALEM PA		240	ITY S	51 - ZiP				- (7) Addition
TITLE	VPT	☐ DELETE	3 1⊺	HILE			ļ	Chang	ge 🔲 Addition
NAME	BRODSKY, BERNARD		3 2 N	AME					
STREET ADDRESS	450 WINK LN		33 9	37476	T ADDRESS				
CITY - ST - ZIP	BENSALEM PÅ				ST - ZIP			Chan	ge 🗍 Addition
TITLE	D	DELETE	4 1 1					[] UIGIII	& Mondition
NAME	WACHS, DAVID		4 2 N						
STREET ADDRESS	450 WINKS LN				LADDRESS				
CITY-ST-ZIP	BENSALEM PA	D DELET			ST - ZIF	0000017	917	The last	ge Addition
TITLE		DELETE	5 11			0000017 -04/24/9601	ការ វិ្	روي. 1011	
NAME				AME	·	***10800.00	U11 C		
STREET ADDRESS			1		I ADORESS	***10000****			
CITY-ST-ZIP		DELFIE		HY - : Till LE	ST-ZIP			Chan	nge Addition
TITLE		ال مدرراد	. I	NAME	1			_ ~	V_{α}^{-}
NAME					T ADDRESS)	1.3-7
STREET ADDRESS									4
CITY-ST-ZIP			ti 4 (JIT.	ST-ZIP	4 . the exercise stated in Section 11	0.07(3)(k) E	Iorida St	atutes I further

14. I do hereby certify that the information supplied with this filing is vocuntarily turnished 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 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 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 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 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 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 under the certific that it is the information indicated in the same legal effect as if under the certific that it is the information indicated in the same legal effect as if under the certific that it is the information indicated in the same legal effect as if under the certific that it is the information indicated in the same legal effect as if under the certific that it is the certific that it

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96