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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **687783** (1)

1. Corporation Name
MARSHALLS DEPARTMENT STORE OF SARASOTA, FL., INC 108

Principal Place of Business: **200 BRICKSTONE SQ. C/O TAX DEPT. ANDOVER MA 01810**

Mailing Address: **200 BRICKSTONE SQ. C/O TAX DEPT. ANDOVER MA 01810**

2. Principal Place of Business: 21

2a. Mailing Address: 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified: **09/16/1980**

3a. Date of Last Report: **03/23/1994**

4. FEI Number: **04-2708887**

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 § 199 (192), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **GOLDSTEIN, STANLEY**

STREET ADDRESS: **ONE THEALL RD**

CITY-ST-ZIP: **RYE NY**

TITLE: **COP**

NAME: **ROSSI, JERRY**

STREET ADDRESS: **200 BRICKSTONE SQ.**

CITY-ST-ZIP: **ANDOVER MA**

TITLE: **VPS**

NAME: **AMBRO, J. G**

STREET ADDRESS: **200 BRICKSTONE SQ.**

CITY-ST-ZIP: **ANDOVER MA**

TITLE: **T**

NAME: **COHEN, IRWIN F**

STREET ADDRESS: **200 BRICKSTONE SQ.**

CITY-ST-ZIP: **ANDOVER MA**

TITLE: **D**

NAME: **FRIEDHEIM, MICHAEL**

STREET ADDRESS: **ONE THEALL RD**

CITY-ST-ZIP: **RYE NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

21. TITLE **P/D** Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE Change Addition

52. NAME **Warren Feldberg**

53. STREET ADDRESS **200 Brickstone Square**

54. CITY-ST-ZIP **Andover, MA 01810**

61. TITLE Change Addition

62. NAME **BR 5/15**

63. STREET ADDRESS

64. CITY-ST-ZIP

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 110.07(3)(b), 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 the 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.

SIGNATURE:  DATE: **4-13-95** OFFICIAL: **508-474-7885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR