

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

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DOCUMENT # **687783 (1)**
1. Corporation Name
MARSHALLS DEPARTMENT STORE OF SARASOTA, FL., INC



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**

3. Date Incorporated or Qualified **09/16/1980** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 21 2a. Mailing Address 26
4. FEI Number **04-2709887** 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 has liability for intangible tax under s. 199.032, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, STANLEY		1.2 NAME	SEE ATTACHED LIST	
STREET ADDRESS	ONE THEALL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	RYE NY		1.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSI, JERRY		2.2 NAME		
STREET ADDRESS	200 BRICKSTONE SQ.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA		2.4 CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMBRO, J. G		3.2 NAME		
STREET ADDRESS	200 BRICKSTONE SQ.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA		3.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, IRWIN F		4.2 NAME		
STREET ADDRESS	200 BRICKSTONE SQ.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREIDBERG, WARREN		5.2 NAME	400001788854 -04/22/96--01056--005 ***200.00	
STREET ADDRESS	200 BRICKSTONE SQUARE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ANDONVER MA 01810		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 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, or on an attachment with an address.

SIGNATURE: *Alfred Appel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALFRED APPEL** VICE PRESIDENT Date **APR 15 1996** Daytime Phone # **95 115 1101**

CR2E034 (12/95)

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MARSHALLS OF ROSEVILLE, MINN., INC.
MARSHALLS OF RICHFIELD, MN., INC.
MARSHALLS INC. AND ALL SUBSIDIARIES
OFFICERS & DIRECTORS
MARCH 14, 1996

PRESIDENT	RICHARD LESSER
VICE PRESIDENT	ALFRED APPEL
VICE PRESIDENT	DONALD CAMPBELL
VICE PRESIDENT	DAVID WEINER
VICE PRESIDENT	IRVING RITZ
TREASURER	STEVEN R. WISHNER
ASSISTANT TREASURER \	MARY B. REYNOLDS
ASSISTANT SECRETARY	
SECRETARY	JAY H. MELTZER
ASSISTANT SECRETARY	KEVIN FOX
ASSISTANT SECRETARY	ANN MCCAULEY
CHAIRMAN BOARD OF DIRECTORS	BERNARD CAMMARATA
DIRECTOR	DONALD CAMPBELL
DIRECTOR	RICHARD LESSER
BUSINESS ADDRESS	ANNUAL MEETING
(FOR ALL OF THE ABOVE):	FIRST TUESDAY IN JUNE
ATTN: CORP. TAX DEPT.	TERM OF OFFICE FOR
770 COCHITUATE ROAD	ALL OF THE ABOVE:
FRAMINGHAM, MA 01701	MARCH 14, 1996 - JUNE 4, 1996