

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

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F74081 (3)**

1. Corporation Name
MARSHALLS OF FT. MEYERS, FLA., INC.



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

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

3. Date Incorporated or Qualified **03/29/1982** 3a. Date of Last Report **04/26/1995**

4. FEI Number **04-2754030** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

27. **ATTN: CORP TAX DEPT RT 1E** 27. **ATTN: CORP TAX DEPT RT 1E**

28. **770 COGNATE ROAD** 28. **770 COGNATE ROAD**

29. **FRAMINGHAM, MA 01701** 29. **FRAMINGHAM, MA 01701**

24. Zip 25. Country 30. Zip 30. Country

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	VS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRO, J. G	1.2 NAME	SPE ATTACHED LIST
STREET ADDRESS	200 BRICKSTONE SQUARE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANDOVER MA	1.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	ROSSI, JERRY	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 BRICKSTONE SQUARE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANDOVER MA	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	GOLDSTEIN, STANLEY	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE THEALL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	RYE NY	3.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	COHEN, IRWIN F	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 BRICKSTONE SQUARE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ANDOVER MA	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	FELDBERG, WARREN	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 BRICKSTONE SQ.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ANDOVER MA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

000001788890
-04/22/96--01056--008 Change Addition
*****200.00**

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: _____ Date: **APR 15 1996** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALFRED APPEL VICE PRESIDENT **CS 4/21/96**

CR2E034 (12/95)

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\ ASSISTANT SECRETARY	MARY B. REYNOLDS
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 (FOR ALL OF THE ABOVE):	ANNUAL MEETING FIRST TUESDAY IN JUNE
ATTN: CORP. TAX DEPT. 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	TERM OF OFFICE FOR ALL OF THE ABOVE: MARCH 14, 1996 - JUNE 4, 1996