

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G21507** (0)

1. Corporation Name  
**MARSHALLS OF CLEARWATER, FL., INC.** 195

Principal Place of Business

300 BRICKSTONE SQ.  
C/O TAX DEPT.  
ANDOVER MA 01810

Mailing Address

300 BRICKSTONE SQ.  
C/O TAX DEPT.  
ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/02/1983</b>	3a. Date of Last Report <b>03/23/1994</b>
4. FEI Number <b>04-2777693</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, STANLEY</b>	1.2 NAME	
STREET ADDRESS	<b>ONE THEALL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCO</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, JERRY</b>	2.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDHEM, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>ONE THEALL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NY</b>	3.4 CITY-ST-ZIP	<b>DELETE</b>
TITLE	<b>VPS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBRO, J. G</b>	4.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, IRWIN</b>	5.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D WARREN FAID BERG</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ANDOVER, MA 01810</b>

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. When an attachment with an address.

SIGNATURE: *[Signature]* 4-13-95 508-474-7885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)