

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 7:58

DOCUMENT # **G25751** (0) 190

1. Corporation Name
MARSHALLS DEPARTMENT STORE OF DELRAY BEACH, FL., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**200 BRICKSTONE SQ.
P.O. BOX 9030
ANDOVER MA 01810-7930**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/28/1983** 3a. Date of Last Report **03/23/1994**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number **04-2781422** 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**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS
NAME **AMBRO, J. G**
STREET ADDRESS **ONE THEALL RD**
CITY - ST - ZIP **RYE NY**
TITLE SV
NAME **INGRAM, JOHN M**
STREET ADDRESS **200 BRICKSTONE SQ.**
CITY - ST - ZIP **ANDOVER MA**
TITLE T
NAME **COHEN, IRWIN**
STREET ADDRESS **200 BRICKSTONE SQ.**
CITY - ST - ZIP **ANDOVER MA**
TITLE D
NAME **FRIEDHAM, MICHAEL**
STREET ADDRESS **ONE THEALL RD**
CITY - ST - ZIP **RYE NY**
TITLE PCO
NAME **ROSSI, JERRY**
STREET ADDRESS **200 BRICKSTONE SQ.**
CITY - ST - ZIP **ANDOVER MA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME **D Stanley Goldstein**
2.3 STREET ADDRESS **ONE THEALL RD**
2.4 CITY - ST - ZIP **RYE, NY**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME **P/D DELETE**
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME **D WARREN FEIDBERG**
6.3 STREET ADDRESS **200 BRICKSTONE SQ.**
6.4 CITY - ST - ZIP **ANDOVER, MA 01810**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on 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 System Process #