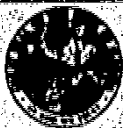


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H14446** (9)

1. Corporation Name

MARSHALLS OF BRADENTON, FL., INC. 264

Principal Place of Business

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

Mailing Address

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

APPROVED
AND
FILED

95 APR 26 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/30/1984** 3a. Date of Last Report **03/23/1994**

4. FEI Number **04-2833587** 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

21. Principal Place of Business		2a. Mailing Address	
22. Suites, Apt. #, etc.		27. Suites, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	25. Country	29. 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 reappointing) DATE _____

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	D
NAME	FRIEDHEIM, MICHAEL
STREET ADDRESS	ONE THEALL RD.
CITY-ST-ZIP	RYE NY
TITLE	T
NAME	COHEN, IRWIN
STREET ADDRESS	200 BRICKSTONE SQ.
CITY-ST-ZIP	ANDOVER MA
TITLE	VP
NAME	AMBRO, J. G
STREET ADDRESS	200 BRICKSTONE SQ.
CITY-ST-ZIP	ANDOVER MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	DELETE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	WARREN FARBBERG
6.4 CITY-ST-ZIP	200 BRICKSTONE SQ. 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: X _____ DATE: **4-13-95** **578-474-7885**