

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H20440** (4)
1. Corporation Name
MARSHALLS OF CORAL TAMPA, FL., INC. 285

Principal Place of Business Mailing Address
C/O TAX DEPT. C/O TAX DEPT.
200 BRICKSTONE SQ. 200 BRICKSTONE SQ.
ANDOVER MA 01810 ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/11/1984** 3a. Date of Last Report **03/24/1994**
4. FEI Number **04-2836335** 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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 reselecting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, STANLEY	1.2 NAME	
STREET ADDRESS	ONE THEALL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	
TITLE	PCO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, JERRY	2.2 NAME	PLD
STREET ADDRESS	200 BRICKSTONE SQ.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDHEIM, MICHAEL	3.2 NAME	
STREET ADDRESS	ONE THEALL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	3.4 CITY-ST-ZIP	DELETE
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRWIN	4.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRO, GREGORY J	5.2 NAME	VP'S
STREET ADDRESS	200 BRICKSTONE SQ.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	WARREN FEIDBERG
CITY-ST-ZIP		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)(b), 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, 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 (Approx. Month & Year)