

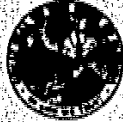
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
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95 APR 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J21373** (2)

1. Corporation Name  
**MARSHALLS OF CORAL SPRINGS, FL., INC.** 324

Principal Place of Business Mailing Address  
**C/O TAX DEPT.  
300 BRICKSTONE SQUARE #328  
ANDOVER MA 01810** **C/O TAX DEPT.  
300 BRICKSTONE SQUARE #328  
ANDOVER MA 01810**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified **06/26/1996** 3a. Date of Last Report **03/23/1994**  
4. FEI Number **04-2972387** 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.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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  
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

TITLE	<b>D</b>
NAME	<b>FRIEDHEIM, MICHAEL</b>
STREET ADDRESS	<b>ONE THEALL RD.</b>
CITY-ST-ZIP	<b>RYE NY</b>
TITLE	<b>D</b>
NAME	<b>GOLDSTEIN, STANLEY</b>
STREET ADDRESS	<b>ONE THEALL RD.</b>
CITY-ST-ZIP	<b>RYE NY</b>
TITLE	<b>COP</b>
NAME	<b>ROSSI, JERRY</b>
STREET ADDRESS	<b>200 BRICKSTONE SQUARE</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>
TITLE	<b>I</b>
NAME	<b>COHEN, IRWIN</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>
TITLE	<b>SV</b>
NAME	<b>AMBRO, J. G</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>DELETE</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P/D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<b>VPIS</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D WARREN FEIDBERG</b>
6.3 STREET ADDRESS	<b>300 BRICKSTONE SQ.</b>
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 trustee or shareholder to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if (and, or, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-13-95** **508-474-7885**  
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)