

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 29 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J21373 (2)
 1. Corporation Name
 MARSHALLS OF CORAL SPRINGS, FL., INC.



Principal Place of Business: C/O TAX DEPT. 200 BRICKSTONE SQUARE #328 ANDOVER MA 01810
 Mailing Address: C/O TAX DEPT. 200 BRICKSTONE SQUARE #328 ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 One CVS Drive		06/26/1986	05/01/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		04-2972387	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, STANLEY		1.2 NAME	Thomas M. Ryan	
STREET ADDRESS	ONE THEALL RD.		1.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	RYE NY		1.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, JERRY		2.2 NAME	Zenon P. Lankowsky	
STREET ADDRESS	200 BRICKSTONE SQUARE		2.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	ANDOVER MA		2.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Philip C. Galbo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRWIN		3.2 NAME	Treasurer	
STREET ADDRESS	200 BRICKSTONE SQ.		3.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	ANDOVER MA		3.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRO, J. G		4.2 NAME	Diane McInagle Glass	
STREET ADDRESS	200 BRICKSTONE SQ.		4.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	ANDOVER MA		4.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	see attached	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	200002282042	
STREET ADDRESS			6.3 STREET ADDRESS	-09/02/97--01039--006	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***550.00	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas M. Ryan* *J. Ambro* *S. Hoffart* 8/18/97 401-765-1500

CR2E034 (4/97)

RMW
8-29-97

MARSHALLS

OFFICERS AND DIRECTORS

Directors

Thomas M. Ryan
Daniel Nelson
Charles Conaway

280 Irving Ave., Providence, RI 02906
26 Brookfield Rd., Dover, MA 02030
15 Signal Ridge Way, E. Greenwich, RI 02818

Officers

President

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

Vice President

Diane McMonagle-Glass
Robert E. Nault

80 Oak Point, Wrentham, MA 02093
19 Winchester Lane, N. Smithfield, RI 02896

Treasurer

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

Secretary

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

Assistant Secretary

Jill Goddard
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026
11 Charles Street, Dedham, MA 02026

BUSINESS ADDRESS:
One CVS Drive
Woonsocket, RI 02895