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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J24918 (1)

1. Corporation Name
MARSHALLS OF DEERFIELD BEACH, FL., INC. 325

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. Data Incorporated or Qualified 07/21/1986 | 3a. Date of Last Report 03/23/1994 |
| 4. FEI Number 04-2922021 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip Country | 29 Zip 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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

| | |
|-----------------|---------------------------|
| TITLE | D |
| NAME | GOLDSTEIN, STANLEY |
| 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 |
| TITLE | D |
| NAME | FREDHEIM, MICHAEL |
| STREET ADDRESS | ONE THEALL RD. |
| CITY - ST - ZIP | RYE NY |
| TITLE | VP |
| NAME | AMBRO, J. G |
| STREET ADDRESS | 200 BRICKSTONE SQ. |
| CITY - ST - ZIP | ANDOVER MA |
| TITLE | SV |
| NAME | INGRAM, JOHN |
| 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/O |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | VP'S |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | J. IRWIN COHEN |
| 5.3 STREET ADDRESS | 200 BRICKSTONE SQUARE |
| 5.4 CITY - ST - ZIP | ANDOVER, MA 01810 |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | 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)(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 Telephone Number