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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 # **J35248** (0) **310**

1. Corporation Name
MARSHALLS OF BOYNTON BEACH, FL., INC.

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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/26/1986**

3a. Date of Last Report: **03/23/1994**

4. FEI Number: **04-2930108**

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. 109.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Zip

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

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

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

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: **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: Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE: **P/D** Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE: Change Addition

3.2 NAME

3.3 STREET ADDRESS: **DELETE**

3.4 CITY-ST-ZIP

4.1 TITLE: Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE: **VP/S** Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE: Change Addition

6.2 NAME: **D. 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)(M), 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 checked, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-13-95**

PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

Printed Name: _____