

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

*Page 2 of 2*

DOCUMENT # **K43971 (6)**

1. Corporation Name  
**MARSHALLS OF GREENACRES, FL., INC.**



Principal Place of Business: **C/O TAX DEPT. 200 BRICKSTONE SQUARE #398 ANDOVER MA 01810**  
Mailing Address: **C/O TAX DEPT. 200 BRICKSTONE SQUARE #398 ANDOVER MA 01810**

3. Date Incorporated or Qualified: **11/08/1988**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: **ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701**  
2a. Mailing Address: **ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701**

4. FEI Number: **04-3024918**  
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

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: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDSTEIN, STANLEY P.</b>	
STREET ADDRESS	<b>ONE THEALL RD</b>	
CITY - ST - ZIP	<b>RYE NY</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSI JERRY</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQUARE</b>	
CITY - ST - ZIP	<b>ANDOVER MA</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMBRO, J. G</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQUARE</b>	
CITY - ST - ZIP	<b>ANDOVER MA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COHEN, IRWIN</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQUARE</b>	
CITY - ST - ZIP	<b>ANDOVER MA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARREN FEIDBERG</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQ</b>	
CITY - ST - ZIP	<b>ANDOVER MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<b>SEE ATTACHED LIST</b>
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200001788892</b>
6.3 STREET ADDRESS	<b>-04/22/96--01056--017</b>
6.4 CITY - ST - ZIP	<b>***200.00</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 119.07(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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 15 1996  
VICE PRESIDENT  
Date  
Debit Phone #

CR2E034 (12/95)

2 of 2

MARSHALLS OF ROSEVILLE, MINN., INC.  
MARSHALLS OF RICHFIELD, MN., INC.  
MARSHALLS INC. AND ALL SUBSIDIARIES  
OFFICERS & DIRECTORS  
MARCH 14, 1996

PRESIDENT	RICHARD LESSER
VICE PRESIDENT	ALFRED APPEL
VICE PRESIDENT	DONALD CAMPBELL
VICE PRESIDENT	DAVID WEINER
VICE PRESIDENT	IRVING RITZ
TREASURER	STEVEN R. WISHNER
ASSISTANT TREASURER\ ASSISTANT SECRETARY	MARY B. REYNOLDS
SECRETARY	JAY H. MELTZER
ASSISTANT SECRETARY	KEVIN FOX
ASSISTANT SECRETARY	ANN MCCAULEY
CHAIRMAN BOARD OF DIRECTORS	BERNARD CAMMARATA
DIRECTOR	DONALD CAMPBELL
DIRECTOR	RICHARD LESSER
BUSINESS ADDRESS (FOR ALL OF THE ABOVE):	ANNUAL MEETING FIRST TUESDAY IN JUNE
ATTN: CORP. TAX DEPT. 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	TERM OF OFFICE FOR ALL OF THE ABOVE: MARCH 14, 1996 - JUNE 4, 1996