

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010354 (8)

1. Corporation Name

MARSHALLS OF VENCE, FL., INC.

592

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1992** 3a. Date of Last Report **03/23/1994**

4. FEI Number **04-3201297** 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	28	Country
24	Country	29	Zip
25		30	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
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 _____
Signatures, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, STANLEY	1.2 NAME	
STREET ADDRESS	ONE THEALL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEHEIM, MICHAEL	2.2 NAME	
STREET ADDRESS	ONE THEALL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, JEROME	3.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRWIN	4.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	4.4 CITY-ST-ZIP	
TITLE	SV	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRO, J. G	5.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten notes in table:
 - Under 3.1 TITLE: **PID**
 - Under 2.3 STREET ADDRESS: **DELETE**
 - Under 6.2 NAME: **WARREN FUIDBERG**
 - Under 6.3 STREET ADDRESS: **200 BRICKSTONE SQ**
 - Under 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-13-95** **508-474-7885**