

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY 17 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000027449 (6)**

1. Corporation Name

**MARSHALLS OF CORAL SPRINGS-ATLANTIC, FL., INC.** SA1

Principal Place of Business

200 BRICKSTONE SQ.  
C/O TAX DEPT.  
ANDOVER MA 01810  
US

Mailing Address

200 BRICKSTONE SQ.  
C/O TAX DEPT  
ANDOVER MA 01810  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1993** 3a. Date of Last Report **03/23/1994**

4. FEI Number **APPLIED FOR 04-3233789** 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

25 Country

29 Zip

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

**FL**

85 Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
GOLDSTEIN, STANLEY  
ONE THEALL RD.  
RYE NY

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
FRIEDHEIM, MICHAEL  
ONE THEALL RD.  
RYE NY

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
ROSSI, JERRY  
200 BRICKSTONE SQ.  
ANDOVER MA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
AMBRO, GREGORY  
200 BRICKSTONE SQ.  
ANDOVER MA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

I  
COHEN, IRWIN  
200 BRICKSTONE SQ.  
ANDOVER MA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
WARREN FEIDBERG  
200 BRICKSTONE SQ.  
ANDOVER, MA 01810

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

Change  Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

710  Change  Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

VP/S  Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change  Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change  Addition

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 reported 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

Date

508-474-7885

(Typed Name)