

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

***PROFIT CORPORATION ANNUAL REPORT 1996**



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

DOCUMENT # P93000070968 (1)

1. Corporation Name

MARSHALLS OF BRANDON-CROSTOWN, FL., INC.



Principal Place of Business: **ONE THEALL ROAD RYE NY 10580**
Mailing Address: **ONE THEALL ROAD RYE NY 10580**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1993	3a. Date of Last Report 06/14/1995
21		26		4. FEIN Number 04-3276108	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Statute.

SIGNATURE _____ DATE _____
(Signature of Registered Agent or authorized officer of the corporation) (Date Registered Agent signed this report or date of incorporation)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		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-STATE-ZIP	RYE NY			1.4 CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSSI, JERRY			2.2 NAME			
STREET ADDRESS	200 BRICKSTONE SQ.			2.3 STREET ADDRESS			
CITY-STATE-ZIP	ANDOVER MA			2.4 CITY-STATE-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	AMBRO, J. G			3.2 NAME			
STREET ADDRESS	200 BRICKSTONE SQ.			3.3 STREET ADDRESS			
CITY-STATE-ZIP	ANDOVER MA			3.4 CITY-STATE-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		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-STATE-ZIP	ANDOVER MA			4.4 CITY-STATE-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FELDBERG, WARREN			5.2 NAME			
STREET ADDRESS	200 BRICKSTONE			5.3 STREET ADDRESS			
CITY-STATE-ZIP	ANDOVER MA			5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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: Joseph P. Costare AGENT 3/6/96 508-291-3811
(Signature and Typed or Printed Name of Signing Officer or Director) Date By Telephone

CR2E034 (12/95)