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STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # **P94000041703 (7)**

MARSHALLS OF CUTLER RIDGE, FL., INC.

653

Principal Office of Registered Agent: **ONE THEALL RD RYE NY 10580**
 Mailing Address: **ONE THEALL RD. RYE NY 10580**

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business	2a. Mailing Address	4. FFI Number	3b. Date of Last Report
21. State: NY	26. State: NY		06/03/1994
22. City: RYE	27. City: RYE	5. Certificate of Status Desired	Applied For / Not Applicable
23. County: Westchester	28. County: Westchester		\$8.75 Additional Fee Required
24. Zip: 10580	29. Zip: 10580	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	30. Zip: 10580	6. This corporation has liability for intangible tax under S. 190.014, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of Now Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	B1. Name B2. Street Address (P.O. Box Number is Not Acceptable) B3. B4. City
	FL B5. Zip Code

I, President of the corporation of Sections 607.01401 and 607.1508, Florida Statutes, the above named corporation, submit 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 607.01401, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995
NAME: GOLDSTEIN, STANLEY ADDRESS: ONE THEALL RD, RYE, NY	<input checked="" type="checkbox"/> Addition NAME: GOLDSTEIN, STANLEY ADDRESS: ONE THEALL RD, RYE, NY
NAME: FRIEDMAN, MICHAEL ADDRESS: ONE THEALL RD, RYE, NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROSSI, JEROME ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810	<input checked="" type="checkbox"/> Addition NAME: ROSSI, JEROME ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810
NAME: COHEN, IRWIN ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810	<input checked="" type="checkbox"/> Addition NAME: COHEN, IRWIN ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810
NAME: AMBRO, GREG ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810	<input checked="" type="checkbox"/> Addition NAME: AMBRO, GREG ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810
NAME: FEIDBERG, WARREN ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810	<input checked="" type="checkbox"/> Addition NAME: FEIDBERG, WARREN ADDRESS: 200 BRICKSTONE SQ, ANDOVER, MA 01810

I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not apply for the exemption stated in Sections 119.071 and 119.072, Florida Statutes. I further certify that the information required 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 issue this report as required by Chapter 195, Florida Statutes, and that my name appears on Block 1 of Block 13 of this report as an attachment with an address.

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