

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JAN 24 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041703 (7)**

1. Corporation Name  
**MARSHALLS OF CUTLER RIDGE, FL., INC.**



Principal Place of Business  
**ONE THEALL RD.  
RYE NY 10580**

Mailing Address  
**ONE THEALL RD.  
RYE NY 10580-1404**

3. Date Incorporated or Qualified **06/03/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
21 **One CVS Dr**

2a. Mailing Address  
26 **One CVS Dr**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **Woonsocket RI**

28 City & State **Woonsocket RI**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **02895**

25 Country **Providence**

29 Zip **02895**

30 Country **Providence**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name **CT Corporation**  
82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Rd**  
83  
84 City **Plantation** FL 85 Zip Code **33324**

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 *Patricia A. Canario*

**PATRICIA A. CANARIO  
SPECIAL ASSISTANT SECRETARY**

**1/23/97**

Signature typed or printed name of registered agent or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDSTEIN, STANLEY</b>	
STREET ADDRESS	<b>ONE THEALL ROAD</b>	
CITY-ST-ZIP	<b>RYE N.</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROSSI, JEROME</b>	
STREET ADDRESS	<b>200 BRICKSTONE SQ.</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 SQ.</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMBRO, GREG</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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Thomas M. Ryan</b>	
1.3 STREET ADDRESS	<b>one cvs dr</b>	
1.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>	
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Zenon P. Lankausky</b>	
2.3 STREET ADDRESS	<b>one cvs dr</b>	
2.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>	
3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Diane Mononagle -Glass</b>	
3.3 STREET ADDRESS	<b>one cvs dr</b>	
3.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>	
4.1 TITLE	<b>ASST. Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Jill M. Goddard</b>	
4.3 STREET ADDRESS	<b>one cvs dr</b>	
4.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>	
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**500002068145--3**

01/24/97  Change  Addition  
\*\*\*\*495.00 \*\*\*\*165.00

**01-24-97**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jill M. Goddard, Jill M. Goddard, Asst. Sec.* 1/10/97 401-265-1580 5241

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0006387

CR2E034 (9/96)