

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45200 (5)

1. Corporation Name
MARSHALLS OF FORT MYERS MARKET SQ., INC. S/S

Principal Place of Business
**300 BRICKSTONE SQ
% TAX DEPT
ANDOVER MA 01810
US**

Mailing Address
**300 BRICKSTONE SQ
C/O TAX DEPT.
ANDOVER MA 01810**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
04/04/1994

4. FEI Number
04-3226162

Applied For
 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

24 Country

25 Zip

29 Country

30 Zip

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **GOLDSTEIN, STANLEY**

STREET ADDRESS **ONE THEALL RD**

CITY-ST-ZIP **RYE NY 10580**

TITLE **D**

NAME **FRIEDHEIM, MICHAEL**

STREET ADDRESS **ONE THEALL RD**

CITY-ST-ZIP **RYE NY 10580**

TITLE **P**

NAME **ROSSI, JEROME**

STREET ADDRESS **200 BRICKSTONE SQ**

CITY-ST-ZIP **ANDOVER MA 01810**

TITLE **T**

NAME **COHEN, IRWIN**

STREET ADDRESS **200 BRICKSTONE SQ**

CITY-ST-ZIP **ANDOVER MA 01810**

TITLE **V**

NAME **AMBRO, J G**

STREET ADDRESS **200 BRICKSTONE SQ**

CITY-ST-ZIP **ANDOVER MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **P/D** Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **V/S** Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME **WARREN FEIDBERG**

6.3 STREET ADDRESS **200 BRICKSTONE SQ.**

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 119.07(3)(4), 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: _____ DATE: **4-13-95** **508-474-7885**
Signature and typed or printed name of signing officer or director