

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V45200 (5)**  
1. Corporation Name  
**MARSHALLS OF FORT MYERS MARKET SQ., INC.**



Principal Place of Business: **200 BRICKSTONE SO % TAX DEPT ANDOVER MA 01810 US**  
Mailing Address: **200 BRICKSTONE SO C/O TAX DEPT. ANDOVER MA 01810**

3. Date Incorporated or Qualified: **06/22/1992** 3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **04-3226182** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional**  
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: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

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 City: 84 State: **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 the individual (NOTE: Registered Agent signature required when non-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, STANLEY</b>	1.2 NAME	
STREET ADDRESS	<b>ONE THEALL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NY 10580</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, JEROME</b>	2.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SO</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, IRWIN</b>	3.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SO</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA 01810</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBRO, J G</b>	4.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SO</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN FEIDBERG</b>	5.2 NAME	
STREET ADDRESS	<b>200 BRICKSTONE SO</b>	5.3 STREET ADDRESS	<b>200001808622</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>	5.4 CITY-ST-ZIP	<b>-05/06/96--01025--014</b>
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-ST-ZIP		6.4 CITY-ST-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. Couture* **AGENT** Date: **3/6/96** 508-791-3811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)