

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V51087 (7)**

1. Corporation Name  
**MARSHALLS OF HOLLYWOOD-OAKWOOD, FL., INC.**



Principal Place of Business  
**200 BRICKSTONE SQ  
C/O TAX DEPT  
ANDOVER MA 01810**

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

3. Date Incorporated or Qualified **07/16/1992** 3a. Date of Last Report **04/26/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>04-3226195</b>	Applied For	Not Applicable
22	Suite, Apt. #, etc. <b>ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701</b>	27	Suite, Apt. #, etc. <b>ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701</b>	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
23	Zip <b>01701</b>	28	Zip <b>01701</b>	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UNITED STATES CORPORATION COMPANY 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDSTEIN, STANLEY</b>		1.2 NAME	<b>SEE ATTACHED LIST</b>	
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 checked="" 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 SQ</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ANDOVER MA</b>		2.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" 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 SQ</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ANDOVER MA 01810</b>		3.4 CITY-ST-ZIP		
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AMBRO, J GREGORY</b>		4.2 NAME		
STREET ADDRESS	<b>200 BRICKSTONE SQ</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 SQ</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ANDOVER MA</b>		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME	<b>400001788894 -04722796---01056--018 ***200.00</b>	
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: *[Signature]* APR 15 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT Date *CS 4/12/1996*

CR2E034 (12/95)

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MARSHALLS OF ROSEVILLE, MINN., INC.  
MARSHALLS OF RICHFIELD, MN., INC.  
MARSHALLS INC. AND ALL SUBSIDIARIES  
OFFICERS & DIRECTORS  
MARCH 14, 1996

PRESIDENT	RICHARD LESSER
VICE PRESIDENT	ALFRED APPEL
VICE PRESIDENT	DONALD CAMPBELL
VICE PRESIDENT	DAVID WEINER
VICE PRESIDENT	IRVING RITZ
TREASURER	STEVEN R. WISHNER
ASSISTANT TREASURER\ ASSISTANT SECRETARY	MARY B. REYNOLDS
SECRETARY	JAY H. MELTZER
ASSISTANT SECRETARY	KEVIN FOX
ASSISTANT SECRETARY	ANN MCCAULEY
CHAIRMAN BOARD OF DIRECTORS	BERNARD CAMMARATA
DIRECTOR	DONALD CAMPBELL
DIRECTOR	RICHARD LESSER
BUSINESS ADDRESS (FOR ALL OF THE ABOVE):	ANNUAL MEETING FIRST TUESDAY IN JUNE
ATTN: CORP. TAX DEPT. 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	TERM OF OFFICE FOR ALL OF THE ABOVE: MARCH 14, 1996 - JUNE 4, 1996