

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 # 633804 (0)

1. Corporation Name

MARSHALLS OF PLANTATION, 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1979

3a. Date of Last Report

04/26/1995

4. FEI Number

04-2679524

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

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 of Registered Agent (must be printed with the signature)

Signature of Registered Agent (must be printed with the signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOLDSTEIN, STANLEY	
STREET ADDRESS	ONE THEALL RD.	
CITY-STATE-ZIP	RYE NY	
TITLE	T	☐ DELETE
NAME	COHEN, IRWIN	
STREET ADDRESS	200 BRICKSTONE SQ.	
CITY-STATE-ZIP	ANDOVER MA	
TITLE	VPS	☐ DELETE
NAME	AMBRO, J. G	
STREET ADDRESS	200 BRICKSTONE SQ.	
CITY-STATE-ZIP	ANDOVER MA	
TITLE	PD	☐ DELETE
NAME	ROSSI, JERRY	
STREET ADDRESS	200 BRICKSTONE SQ.	
CITY-STATE-ZIP	ANDOVER MA	
TITLE	D	☒ DELETE
NAME	WARREN FEIDBERG	
STREET ADDRESS	200 BRICKSTONE SQ.	
CITY-STATE-ZIP	ANDOVER MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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: *Joseph P. Couture*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGENT

3/6/96 508-2913811

CR2E034 (12/95)