

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 26 PH 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F33281 (9)**

1. Corporation Name  
**MARSHALLS OF HOLLYWOOD, FLA., INC.** 147

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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/04/1981** 3a. Date of Last Report **03/23/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>04-2726269</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				<b>FL</b>			

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 renouncing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, JERRY</b>	1.2 NAME	<b>PD</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBRO, J. G</b>	2.2 NAME	<b>VP/S</b>
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>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, IRWIN</b>	3.2 NAME	<b>T</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDHEIM, MICHAEL</b>	4.2 NAME	<b>DELETE</b>
STREET ADDRESS	<b>ONE THEALL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, STANLEY</b>	5.2 NAME	
STREET ADDRESS	<b>ONE THEALL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RYE NY</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D WARREN FEIDBERG</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>200 BRICKSTONE SQ</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>ANDOVER, MA 01810</b>

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 checked, and, on an attachment with an address.

SIGNATURE: *[Signature]* 4-13-95 508-474-7885  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #