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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F33281 (9)**

1. Corporation Name
MARSHALLS OF HOLLYWOOD, FLA., 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: **05/04/1981**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: **04-2726269**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **UNITED STATES CORPORATION COMPANY, 1201 HAYES ST., STE. 105, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-84) fields.

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: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: ROSSI, JERRY STREET ADDRESS: 200 BRICKSTONE SQ. CITY-ST-ZIP: ANDOVER MA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPS NAME: AMBRO, J. G. STREET ADDRESS: 200 BRICKSTONE SQ. CITY-ST-ZIP: ANDOVER MA	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: COHEN, IRWIN STREET ADDRESS: 200 BRICKSTONE SQ. CITY-ST-ZIP: ANDOVER MA	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GOLDSTEIN, STANLEY STREET ADDRESS: ONE THEALL RD CITY-ST-ZIP: RYE NY	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WARREN FIEDBERG STREET ADDRESS: 200 BRICKSTONE SQ CITY-ST-ZIP: ANDOVER MA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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** Telephone # **508-791-3811**
SIGNATURE: _____ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph P. Couture
TERRILL COHEN TREASURER

CR2E034 (12/95)