

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 29 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F33281 (9)**  
 1. Corporation Name  
**MARSHALLS OF HOLLYWOOD, FLA., INC.**



Principal Place of Business <b>200 BRICKSTONE SQ. C/O TAX DEPT. ANDOVER MA 01810</b>	Mailing Address <b>200 BRICKSTONE SQ. C/O TAX DEPT. ANDOVER MA 01810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/04/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>04-2726269</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSI, JERRY</b>	1.2 NAME	<b>Thomas M. Ryan</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	1.3 STREET ADDRESS	<b>One CVS Drive</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>	1.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>
TITLE	<b>VPS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMBRO, J. G</b>	2.2 NAME	<b>Zenon P. Lankowsky</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	2.3 STREET ADDRESS	<b>One CVS Drive</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>	2.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, IRWIN</b>	3.2 NAME	<b>Diane McMonagle Glass</b>
STREET ADDRESS	<b>200 BRICKSTONE SQ.</b>	3.3 STREET ADDRESS	<b>One CVS Drive</b>
CITY-ST-ZIP	<b>ANDOVER MA</b>	3.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, STANLEY</b>	4.2 NAME	<b>Philip C. Galbo</b>
STREET ADDRESS	<b>ONE THEALL RD</b>	4.3 STREET ADDRESS	<b>One CVS Drive</b>
CITY-ST-ZIP	<b>RYE NY</b>	4.4 CITY-ST-ZIP	<b>Woonsocket RI 02895</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>see attached</b>
CITY-ST-ZIP		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>700002282037</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-09/02/97--01039--004</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***550.00</b>

CR2E034 (4/97)

*RAW*  
*8-29-97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas S. Moffatt* *Thomas S. Moffatt* *8/18/97* *401-765-1500*

**MARSHALLS**

**OFFICERS AND DIRECTORS**

**Directors**

Thomas M. Ryan  
Daniel Nelson  
Charles Conaway

280 Irving Ave., Providence, RI 02906  
26 Brookfield Rd., Dover, MA 02030  
15 Signal Ridge Way, E. Greenwich, RI 02818

**Officers**

**President**

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

**Vice President**

Diane McMonagle-Glass  
Robert E. Nault

80 Oak Point, Wrentham, MA 02093  
19 Winchester Lane, N. Smithfield, RI 02896

**Treasurer**

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

**Secretary**

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

**Assistant Secretary**

Jill Goddard  
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026  
11 Charles Street, Dedham, MA 02026

**BUSINESS ADDRESS:**  
One CVS Drive  
Woonsocket, RI 02895