

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

ly 1042

DOCUMENT # **F33283** (5)

1. Corporation Name
MARSHALLS OF SO. DADE, FLA., INC.



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

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

3. Date Incorporated or Qualified **05/04/1981** 3a. Date of Last Report **04/26/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 04-2726421	Applied For
	Suite, Apt. #, etc. ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701		Suite, Apt. #, etc. ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	22	27	27	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23	28	28	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	24	29	29	30	30	

9. Name and Address of Current Registered Agent				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

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, IRWIN	1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	200 BRICKSTONE SQ. ANDOVER MA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, STANLEY	2.2 NAME	
STREET ADDRESS	ONE THEALL RD RYE NY	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VPS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRO, N. G	3.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ. ANDOVER MA	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, JERRY	4.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ. ANDOVER MA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIDBERG, WARREN	5.2 NAME	
STREET ADDRESS	200 BRICKSTONE SQ. ANDOVER MA	5.3 STREET ADDRESS	100001788961 -04/22/96--01056--039
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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: *Alfred Appel* **ALFRED APPEL VICE PRESIDENT** Date: **05 11/22/96** Daytime Phone # _____

APR 15 1996

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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