FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F73640 (7)

1. Corporation Name
MARSHALLS OF NAPLES, FL., INC.

Principal Place of Business	Mailing Address
200 BRICKSTONE SQ. C/O TAX DEPT. ANDOVER MA 01810	200 BRICKSTONE SQ. C/O TAX DEPT. ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1982
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 04-2753947 ☐ 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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCO	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ROSSI, JERRY	1.2 NAME		
STREET ADDRESS	200 BRICKSTONE SQ.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, STANLEY	2.2 NAME		
STREET ADDRESS	ONE THEALL RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	RYE NY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	FRIEDHEIM, MICHAEL	3.2 NAME		
STREET ADDRESS	ONE THEALL RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	RYE NY	3.4 CITY-ST-ZIP	DELETE	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, IRWIN F	4.2 NAME		
STREET ADDRESS	200 BRICKSTONE SQ.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	V/P/S	☒ Change ☐ Addition
NAME	AMBRO, J. G	5.2 NAME		
STREET ADDRESS	200 BRICKSTONE SQ.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER MA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	WARREN FEIDBERG	
STREET ADDRESS		6.3 STREET ADDRESS	300 BRICKSTONE SQ.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ANDOVER, MA. 01810	

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: _____ 4-13-95 508-474-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000106 CP