

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

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PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H14446 (9) 1. Corporation Name MARSHALLS OF BRADENTON, FL., INC.



Principal Place of Business C/O TAX DEPT. 200 BRICKSTONE SQ. ANDOVER MA 01810	Mailing Address C/O TAX DEPT. 200 BRICKSTONE SQ. ANDOVER MA 01810
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3. Date Incorporated or Qualified 07/30/1984	3a. Date of Last Report 04/26/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	2a. Mailing Address 26 Suite, Apt. #, etc. ATTN: CORP TAX DEPT RT 1E 770 COCHITUATE ROAD FRAMINGHAM, MA 01701
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4. FEI Number 04-2833587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301
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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
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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	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, STANLEY
STREET ADDRESS	ONE THEALL RD.
CITY-ST-ZIP	RYE NY
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ROSSI, JERRY
STREET ADDRESS	200 BRICKSTONE SQ.
CITY-ST-ZIP	ANDOVER MA
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	COHEN, IRWIN
STREET ADDRESS	200 BRICKSTONE SQ.
CITY-ST-ZIP	ANDOVER MA
TITLE	VPS <input checked="" type="checkbox"/> DELETE
NAME	AMBRO, J. G
STREET ADDRESS	200 BRICKSTONE SQ.
CITY-ST-ZIP	ANDOVER MA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WARREN FEIDBERG
STREET ADDRESS	200 BRICKSTONE SQ
CITY-ST-ZIP	ANDOVER MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SIDE AT LAUREL 100
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	800001788868
5.4 CITY-ST-ZIP	-04/22/96-01056-008
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***200.00
6.3 STREET ADDRESS	
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:  APR 15 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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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\	MARY B. REYNOLDS
ASSISTANT SECRETARY	
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	ANNUAL MEETING
(FOR ALL OF THE ABOVE):	FIRST TUESDAY IN JUNE
ATTN: CORP. TAX DEPT.	TERM OF OFFICE FOR
770 COCHITUATE ROAD	ALL OF THE ABOVE:
FRAMINGHAM, MA 01701	MARCH 14, 1996 - JUNE 4, 1996