

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M88175 (8)

1. Corporation Name

MARSHALLS OF WEST MIAMI, FL., INC.

372

**APPROVED
AND
FILED**

95 APR 26 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

03/23/1994

4. FEI Number

04-3014403

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDSTEIN, STANLEY P.
STREET ADDRESS	ONE THEALL RD
CITY - ST - ZIP	RYE NY
TITLE	D
NAME	FRIEDHEIM, MICHAEL
STREET ADDRESS	ONE THEALL RD
CITY - ST - ZIP	RYE NY
TITLE	PCO
NAME	ROSSI, JERRY
STREET ADDRESS	200 BRICKSTONE SQUARE
CITY - ST - ZIP	ANDOVER MA
TITLE	VPS
NAME	AMBRO, J. G
STREET ADDRESS	200 BRICKSTONE SQUARE
CITY - ST - ZIP	ANDOVER MA
TITLE	T
NAME	COHEN, IRWIN
STREET ADDRESS	200 BRICKSTONE SQUARE
CITY - ST - ZIP	ANDOVER MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	WARREN FELDBERG
6.3 STREET ADDRESS	200 BRICKSTONE SQ
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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

Date

508-474-7585

Daytime Phone #