

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

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY -1 PM 2:45

DOCUMENT # **P94000054381 (6)**

1. Corporation Name

**MARSHALLS OF NORTH MIAMI BEACH, FL., INC.**

651

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300001518428  
-06/20/95--01127--004  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ONE THEALL RD.  
RYE NY 10580

ONE THEALL RD.  
RYE NY 10580

3. Date Incorporated or Qualified

3a. Date of Last Report

07/22/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

300001518428  
-06/20/95--01127--005  
\*\*\*\*\*25.00 \*\*\*\*\*25.00  
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, hand or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when incorporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME **D GOLDSTEIN, STANLEY**  
STREET ADDRESS **ONE THEALL RD.**  
CITY-ST-ZIP **RYE NY**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Change  Addition  
**D GOLDSTEIN, STANLEY**  
**ONE THEALL RD.**  
**RYE, NY**

TITLE  
NAME ~~TEROME, JEROME~~  
STREET ADDRESS ~~ONE THEALL RD.~~  
CITY-ST-ZIP ~~RYE, NY~~

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

Change  Addition  
**REMOVED BY MAY 1 + G.**

TITLE  
NAME **PD ROSSI, JEROME**  
STREET ADDRESS **200 BRICKSTONE SQ.**  
CITY-ST-ZIP **ANDOVER, MA 01810**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Change  Addition  
**PD ROSSI, JEROME**  
**200 BRICKSTONE SQ**  
**ANDOVER, MA 01810**

TITLE  
NAME **T COHEN, IRWIN**  
STREET ADDRESS **200 BRICKSTONE SQ.**  
CITY-ST-ZIP **ANDOVER, MA 01810**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change  Addition  
**T COHEN, IRWIN**  
**200 BRICKSTONE SQ**  
**ANDOVER, MA 01810**

TITLE  
NAME **V/S AMBRO, GREG**  
STREET ADDRESS **200 BRICKSTONE SQ.**  
CITY-ST-ZIP **ANDOVER, MA 01810**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change  Addition  
**V/S AMBRO, GREG**  
**200 BRICKSTONE SQ**  
**ANDOVER, MA 01810**

TITLE  
NAME **D FEIDBERG, WARREN**  
STREET ADDRESS **200 BRICKSTONE SQ.**  
CITY-ST-ZIP **ANDOVER, MA 01810**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change  Addition  
**D FEIDBERG, WARREN**  
**200 BRICKSTONE SQ**  
**ANDOVER, MA 01810 T.S.**

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 unchanged or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

508-474-7885