

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000003333 (8)**

1. Corporation Name
CLASSY CLOSEOUTS, INC.



Principal Place of Business
**19401 W ST ANDREWS DR
MIAMI FL 33015-2339**

Mailing Address
**19401 W ST ANDREWS DR
MIAMI FL 33015-2339**

3. Date Incorporated or Qualified
01/09/1995

3a. Date of Last Report
N/A (1st one)

21. Principal Place of Business
3030 NW 27th Street

2a. Mailing Address
3030 NW 27th Street

4. FEI Number
65-05-46085

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
Lauderdale Lakes, FL

28. City & State
Lauderdale Lakes, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip
33311

25. Country
USA

29. Zip
33311

30. Country
USA

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

**SALZMAN, GARY S
1031 W MORSE BLVD
SUITE 105
WINTER PARK FL 32789**

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 *Sheryle Salzman*

GARY SALZMAN - AGENT DATE **4/8/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SALZMAN, SHERYLE L	
STREET ADDRESS	19401 W ST ANDREWS DR	
CITY-ST-ZIP	MIAMI FL 33015-2339	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SALZMAN, SHERYLE L	
13. STREET ADDRESS	3030 NW 27th STREET	
14. CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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*****200.00**

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: *Sheryle Salzman* DATE: **4/8/96** SIGNING PHONE: **954-967-9474**

CR2E034 (12/95)