

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90008 041 \*\*\*150.00

03-17-1999 90008 042 \*\*\*\*\*8.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P96000070740**

1. Corporation Name  
**SMART CLOSEOUTS, INC.**



Principal Place of Business <b>1905 NORTH ATLANTIC BLVD. APT. E-THA FORT LAUDERDALE FL 33305 US</b>	Mailing Address <b>1905 NORTH ATLANTIC BLVD. APT. E-THA FORT LAUDERDALE FL 33304 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1901 N. ATLANTIC BLVD</b>	2a. Mailing Address <b>26 P.O. B. 631</b>
Suite, Apt. #, etc. <b>22 16A</b>	Suite, Apt. #, etc. <b>27 HOBOKEEN, N.J.</b>
City & State <b>23 Ft LAUDERDALE FLA</b>	City & State <b>28 HOBOKEEN, N.J.</b>
Zip <b>24 33305</b>	Country <b>25 USA</b>
Country <b>29 USA</b>	Zip <b>30 07030</b>

3. Date Incorporated or Qualified <b>08/22/1996</b>	Applied For <b>Not Applicable</b>
4. FEI Number <b>65-0693592</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALBERTS, THOMAS G ESQ. 777 ARTHUR GODFREY ROAD 4TH FLOOR MIAMI BEACH FL 33140</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
---	--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	11 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NICOLETTI, JOHN</b>		12 NAME <b>NICOLETTI, JOHN</b>	
STREET ADDRESS <b>1905 NORTH ATLANTIC BLVD., APT. E-THA</b>		13 STREET ADDRESS <b>1901 NORTH ATLANTIC BLVD APT. 16A</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL</b>		14 CITY-ST-ZIP <b>FORT LAUDERDALE FL 33305</b>	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: John Nicoletti **JOHN NICOLETTI** 1/2/99 954-528-6006  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)