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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90087 010 ***150.00

DOCUMENT # P98000077003

1. Corporation Name

CLOSEOUTS UNLIMITED, INC.

Principal Place	e of Business	Ma	iling Address			_			6 0 511 40 117 60 171 1	PD11 19817 98	(()) 46 (4) +1() (48)
2524 NORTH 38TH AVENUE		252	2524 NORTH 38TH AVENUE								
HOLLYWOOD FL 33021-1356		HO	HOLLYWOOD FL 33021-1356				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed		DI AGE	
								08/31/1998	-		}
2 Principal Pl	lace of Business	2a.	Mailing Address					FEI Number		ΤТ.	Applied For
'	ace of business	26	maning / war ooo					65-0859323		⊢	Not Applicable
Suite, Apt.	# etc	201	Suite, Apt. #, etc.							\$8.75	Additional
22		27	27					5. Certifcate of Status Desired		Fee	Required
City & State			City & State					6. Election Campaign Financing	I-> - Г	\$5.0	0 May Be
23		28						Trust Fund Contribution			d to Fees
Zip	Country		Zip		ountry			8. This corporation owes the cu	rrent year Int	angible	
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Regist	tered Agent					10. Name and Address of New	Registered .	Agent	
					81	Name	•				
	S, DAVID				82	Street	t Addres	ss (P.O. Box Number is Not Accep	table)	_	
	NORTH 38TH AVENUE								· · · · · · · · · · · · · · · · · · ·		
HOL	LYWOOD FL 33021-1356				83						
					84	City				85 Z	p Code
						-			FL		<u> </u>
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change wa:	s authoriz	ed by	the corp	ooration	's board of directors. I hereby according	ept the appoi	ntment as	registered
SIGNATURE	, -						required y	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title i	f applicable. (Ne	OTE: Registe	ired Agen		required v	when reinstatling) ADDITIONS/CHANGES TO O		D DIREC	TORS IN 12
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP



954-961-4036